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*Richard Robert Madden, M.T.,*

*qui obiit Feb 5<sup>m</sup> 1836 R. I. P.*

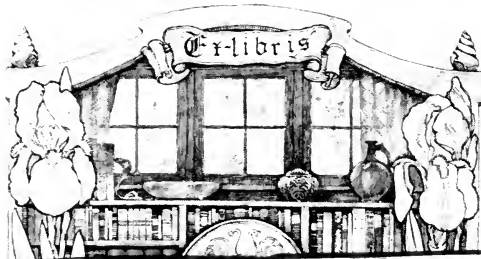
**DR. THOMAS MORE MADDEN, M.A.O.  
HONORIS CAUSA OF THE ROYAL UNIVERSITY.**

We said on the happy occasion last week when the honorary degree of the Royal University was conferred on Dr More Madden that as a specialist, Dr More Madden occupies a foremost place in the Medical World. He has been as successful as an author as he has been as a practitioner. Some of the treatises he has written are standard works. In a word, he has won distinctions as a writer, as a teacher, and as a practitioner. He has



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filled the offices of president of the Obstetric Section of the Royal Academy of Medicine in Ireland, and of the British Medical Association. He has been Hon President of the International Congress of Obstetrics at Brussels, and Vice-President of the British Gynaecological Society. He has won honours at home and abroad, and in Dublin he holds several important professional appointments. His writings are so well-known that any enumeration of them is unnecessary. It is needless to speak of the literary and other qualities of his distinguished father, whose works are so well known and appreciated.

**DAILY INDEPENDENT.**

**WEDNESDAY, OCTOBER 28, 1896.**

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ON  
INSANITY,  
AND THE  
CRIMINAL RESPONSIBILITY  
OF THE  
INSANE.

BY

THOMAS MORE MADDEN, M.R.I.A.;

LICENTIATE OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND;

MEMBER OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND;

AUTHOR OF A TREATISE "ON CHANGE OF CLIMATE," ETC.;

"THE CLIMATE OF MALAGA, AND ITS REMEDIAL INFLUENCE ON CHRONIC PULMONARY DISEASES;"

"ON RINDERPEST, AND ITS RELATION TO CHOLERA, PLAGUE, AND OTHER EPIDEMIC DISEASES."

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Read before the Medical Society of the College of Physicians in Ireland.

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ON  
  
INSANITY,  
  
AND THE  
  
CRIMINAL RESPONSIBILITY OF THE INSANE.

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A REMARKABLE case of insanity, leading to a double attempt at murder and suicide, which came under my notice in May, 1865, led me to devote consideration to the medico-legal relations of insanity in reference to criminal responsibility. The result of this inquiry has been to show me in how unsatisfactory a state our criminal jurisprudence is on these points; and I now call attention to this case for the purpose of pointing out the defects of the present system, and of offering some suggestions for its improvement.

On the 22nd of May, 1865, J. E., aged eighteen, an inferior employé in a public office, who had only, within a period of six or eight weeks, recovered from fever, was observed by a medical gentleman in the office to present a wild and restless appearance, and was recommended to go home and remain there for some days; accordingly, he returned to his mother's house, at Drumcondra, where nothing peculiar in the lad's conduct was observed by his family. At the expiration of some days he returned to his employment, stating he was quite well. The gentleman above referred to again observed the same expression he had before noticed, and called the attention of the senior clerk of the office to it desiring that the boy should be allowed to leave the office earlier than usual, or for some days more, if he wished, to remain at home. He left that day at the usual hour; conducted himself quietly during the evening; but at night, when all the members of the family were asleep, he arose and made his way to his mother's room, on entering which, he flew at her—then in bed—and attempted to kill her with a hatchet, which it was afterwards ascertained had been concealed by him several days previously; but her cries, fortunately, brought timely assistance, and she escaped

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with some slight injuries. Before the lad was seized, however, he inflicted a slight wound upon himself, in the right breast, with a clasp knife; threw himself on the ground, roaring vehemently, and endeavoured to dash his head against the wall. Having been secured, he was carried to his bed, when, after some hours feigning sleep, he took advantage of the inattention of those who watched him, and, early next morning, made his escape from the house and flung himself into the River Tolka, near his place of abode, in Clontarf; he was pulled out, with some difficulty, by a policeman.

Next day he was brought before a police magistrate, charged with the attempt at murder and suicide, and was committed to prison. By the exertions of Dr. R. R. Madden, however, he was, ultimately, sent to the Richmond Lunatic Asylum, and placed under the able care of Dr. Lalor; he was discharged, as cured, in November last, and is now earning his bread comfortably and creditably in another public office in this city.

This young man was a pale, cachectic lad, of emaciated habit and leucophlegmatic temperament, badly brought up, ill-educated; his only reading being the cheap *sensational* tales and novels published in the London penny serials, to the perusal of which, notwithstanding various remonstrances and admonitions of his superiors, he devoted every spare moment.

After the outbreak of insanity, which I have described, a quantity of papers and fragments of papers, in this individual's hand-writing, were found in his desk, written in the sensational-novel style he delighted in. Amongst these manuscripts was one document, entitled, "*Autobiography of J. E.*," written immediately previous to his attempted matricide; and I am now induced to publish a few extracts from this paper as a curiosity of psychological literature. These fragments furnish the best comment I have ever seen on the effects to be apprehended from the prevalent sensational cheap literature of the present day.

"—*Autobiography of Joseph E.*—Joseph E. was born on the 20th of March, 1846. He displayed in his infancy a quick, volatile, proud disposition, and, although this was seen by his mother, she never took any pains to eradicate it, and let him go on without doing anything towards removing this grievous evil; but she was a poor struggling woman, and had her husband lying ill for months and months on his back, and she had no means of support only merely what she would earn by her own industry. There was never in this world a more industrious woman in the world, though she never took any pains to inculcate this virtue into Joe, for she thought as she acquired this industry naturally, as she thought herself, she imagined Joe could not be otherwise; so, thus, the best boy in the world was ruined by being let go and take his own head and habits in all things, for his mother thought all was over when she sent him to school.

"You never, I suppose, thought it necessary to know whether he

minded his prayers or not, or religious duties or not; oh, 'twas terrible! oh, horrible! horrible! Oh, how could God stand it and let the child live and go with such wings to the devil? Oh! never, never, will she forgive herself for this. But to return, as well as my poor head can let me, unfortunately as it proved he was sent to a small National School when six years of age, and his disposition may be proved by an instance which I may lay before the reader, if ever this finds one. . . . Oh, reader! never take pleasure in reading those things; never soil your hands with them, but of dire necessity as a warning, and take care you take it in that light. Oh, my God! my God! never, never let such things as low novels, romances, &c., stay a moment before your eyes. Oh! consign them to the flames at once, and never let them stay in children's hands for a moment, for if you do, they are drinking in destruction. Oh, hear me, ye mothers! mind the principal affair of your children's welfare, viz.: the affair of their salvation, and never let those things or any such like enter your child's hands; if thou hast nature in thee stand it not. Oh horrible things! oh, *Reynolds* and Company, what a horrible mess you are making of young minds and young hearts by bringing them to ruin by your heathenish publications. Oh, you are a set of sheep in wolf's clothing. But to return to the subject:—Joe's mind was capable of any impression that might be affixed on it. He might have been good at anything if his mind got any good impressions at that time, for a better disposed child never lived; yet, worst of mothers, look at what your darling boy came to by your heathenish way, and you now may curse the day you married your last husband, for since then you never attended to religious duties, and you may thank that accursed marriage for all the evils that it has brought on all and your darling son. Oh, mother of mothers, have not I reason to curse you, if I would do it; but may God in His mercy and pity have mercy and pity on your poor unfortunate soul; oh, I pray that he may; oh, the Lord hear my prayer; oh God of glory have mercy on you; oh may the angels bear you away, my mother; oh let me suffer in another state till judgment day, and stay there for ever until the judgment day; oh mother, picture the delight of us two poor mortals to be in that transitory state for years until all, all our sins are purged away; oh mother, picture then our delight on being admitted into heaven among God and his saints and faithful, when we will get the lowest, lowest, lowest place among them, please the great God of all glory, of all glory, of all mercy, of all infinite goodness; oh mother, mother, darling mother, can we get into such a place, think you, can we, oh mother; you have received such injuries, such crosses, oh mother forgive all I have said to you; oh forgive mother and forget also, mother, God will forgive, oh God will forgive us; oh we were mad—cracked—oh, we were mad; oh mother, the light of hope shines on my path, and I am here writing this in great hope,

[illegible]

In the same desk as the foregoing insane autobiography there were also found several other documents which were equally characteristic of the writer's insanity. Amongst these were the following fragments of unconnected observations not of the same date, probably, as the preceding rhapsodies :—

“You saw in me the germs of the worst passions that could ever be sown in any mortal. Oh, poor unfortunate mother! oh! you are reaping the harvest you have sown; you are mourning for your cupidity; oh, you

are looking towards the grave of the son you have ruined with horror, for he chiefly employs his time in cursing the day he was born; oh, poor deluded wretch! from the teaching and from the praise he got from the companions of his boyhood and youth, they puffed up the already too proud and headstrong spirit of the boy, and made him forget almost that there was any God in the heavens. Oh, poor boy! oh, unfortunate child! oh, wretched youth! oh, poor boy! who never tasted any of the true delights of this life, let alone any of the foretastes of the next. Oh, heavens! what a good disposition he possessed, and what a lively, hearty, enthusiastic child; of a strong and healthy frame, although his father was a poor, sickly, weak man.

"Oh! with what a quick hurried bound he leaped into school; no hesitation, no drawing back then; no, no, all straight; head up, and ready to look the world in the face. Oh! with a little care what fine stuff was there to be moulded to a good shape, but it was let run to rust, and now it is gone completely to ruin. Oh, poor unfortunate child! oh, infernal mother! oh, mother! who being blessed with a son never once in his infancy held up his childish hands in prayer to the great God of all glory. Oh, villain! worse than the most *diabolical*." . . . .

The handwriting of the preceding rhapsodies, though very legible, is peculiar. The words run closely into each other. There are no stops, no space left unwritten, no margin left unscribbled on the sides of the paper. The absence of margins and stops has been noticed in other cases of documents written by the insane, and has been commented upon; among others by Olivier d'Ange, and Bayard, in the *Annales d'Hygiène*, Vol. XIX., p. 490.

In this case we find a boy originally of a low order of intellect, of limited capacity, vain, frivolous, and of weak resolution, whose education and moral discipline evidently appear to have been neglected, and whose only reading was the lowest class of *sensational* literature, full of thrilling tales of crime and mystery. This kind of reading engaged his entire leisure, and evidently filled his imagination; so that like Don Quixote he surrounded himself with a world of fiction, which shaped his subsequent mania. Thus the autobiography, the attempted murder, and abortive suicide, all bear the impress of this mental dram-drinking furnished to the poor in the London penny sensational periodicals, and to the rich in more pretentious sensation novels and magazines.

The ill effects of the long continued and exclusive perusal of such literature, especially on young minds, are similar to those described by Fabius:—

"Educatio altera natura; alterat animos et voluntatem; atque utinam (inquit) liberorum nostrorum mores non ipsi perderemus, quum infantiam statim deliciis solvimus; mollior ista educatio, quam indulgentiam vocamus, nervos omnes et mentis et corporis frangit: fit ex his consuetudo, inde natura."—Lib. I., cap. 3.

I have heard it said that the influence on the particular forms of crime which have been ascribed to novels is as imaginary as are the scenes depicted in those works themselves. But that such is not the case we have abundant proof. Madame de Stael assures us that the *Sorrows of Werter* occasioned a vast increase in the number of suicides in Germany at the time of its publication. Any one who has had occasion to turn over the police reports of the London newspapers of some forty years ago, will find this influence of literature shown in the number of foolish youths charged each morning with emulating the exploits of the heroes of Mr. Pierce Egan's then celebrated *Life in London*. Some years later Mr. Ainsworth's *Jack Sheppard* seems to have excited a highwayman epidemic among the lads in many a country town. And we have reason to suppose that a similar influence is still exercised by the penny serials, such as *The Boy Pirate*, *The Young Highwayman*, and the cheap and coarse stimulating literature of the penny weekly journals, to which the individual on whose case I am commenting, abandoned his feeble mind.

This case is a good example of the *manie raisonnée* of Pinel supervening on fever. There seems to have been no hallucination, but, simply, a perverted affection which led the boy to suppose that, as his mother had, by neglect of her duties, religious and maternal, imperilled her salvation, it was his duty to save her from eternal retribution by depriving her of time and opportunity for incurring further guilt by killing her, and then committing suicide with the view of joining her in the next world. This *manie raisonnée* has its analogies with Bardolph's reasoning in his lamentation for his dead master:—"Would I were with him wheresome'er he is—either in heaven or in hell!"

Had this boy succeeded in his attempt on his mother's life he would have been tried, as a matter of course, for murder; and if the plea of insanity were set up we should, in all probability, have had abundant sarcasms about "the pseudo-sentimentality of the mad doctors," and what one journal, commenting on a trial, not long since, elegantly designated "the moral insanity dodge for cheating the gallows." We would have found medical men, who had seen the patient, testifying their belief in the perfect sanity and consequent criminal responsibility of the writer of the preceding diary. Very possibly, too, he might have been tried by a judge who disbelieves in partial, or so-called "moral," insanity, and a jury who believe, of course, whatever they are told by the judge; and the wholesome and salutary spectacle might have been exhibited of a human being publicly put to death because suffering from the most dire disease that can afflict human nature.

The term "moral insanity," which many might apply to the foregoing case, is often and, I think, justly objected to; but the idea intended to be conveyed by it, of insanity marked by hallucination of the moral faculties or affections, without any *obvious* derangement of the intellectual powers,

unquestionably applies to many cases. Every one conversant with the forms of insanity must have met cases in which a sudden perversion of feeling sets in and hastily changes the natural disposition and character of individuals whose minds still preserve the semblance of reason, while their moral conduct or natural affections become so unaccountably changed. The phrase itself, "moral insanity," seems to me a most unhappy one, however. For, although cases do sometimes occur, as within the last few weeks we have had a notable instance, in a recent trial in Dublin, in which disorder of the moral faculties alone is apparent, it does not follow that disease of other mental faculties does not co-exist with this moral disorder, though not so evident. Moreover, the very serious objection has been urged that the idea of "moral insanity," if widely extended, would lead to the fearful doctrine, that crime is generally the result of an involuntary and irresistible mental malady by which all freedom of volition and of action are destroyed, and, that crime and madness being synonymous, men are, consequently, not responsible for their evil actions.

Instead of the numerous terms used to describe the various types and forms of insanity—and which seem to me, although, doubtless, of value to the psychological physician, calculated rather to embarrass and perplex, than to aid the medical witness in courts of law—I would venture to suggest that, for medico-legal purposes, unsoundness of mind, not including mental deficiency or idiocy, should be divided into the two classes only, of general and partial insanity; the latter being the only one in which medical evidence is needed in cases of crime ascribed to insanity.

A madman is, it may be presumed, one in whom the faculties, or any one of them, which should regulate and point out his relations and behaviour towards God, his neighbour, or himself, are either lost or impaired by disease.

Obviously, such a person cannot be considered as either morally or legally responsible for his actions. For to be responsible for an act it is essential that the person committing it should possess liberty of will as well as of action, which a lunatic does not enjoy, or he would be none.

But besides the state of mind in which a man is responsible for his acts, or sanity, and that condition in which he is not accountable for them, or insanity—there is a third condition of mind in no way provided for by our law, and which seems not sufficiently recognized even by the medical profession. I allude to what Baron Von Feuchtersleben terms, "a state of half freedom." That is a state of transition between the healthy and unsound mind, either preceding or following insanity. In this state the patient is only partially able to exercise self-control, and therefore is but partially responsible for his actions. This peculiar condition of mind should be recognized by law in this country, as it is in France, where on a jury bringing in a verdict of "plus innocent que coupable," the Avocat-Général may order an investigation into the

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state of mind of the prisoner, and award a punishment in proportion to the real guilt of the accused.

However, although insanity is too often punished as crime, on the other hand, crime sometimes shelters itself under the disguise of insanity. For my part I am not one of those who share Lord Hale's opinion, that "all crime is the result of partial insanity:" a dogma which appears to me not only subversive of the principles of all religion, and dangerous to society, but at variance with common sense.

Mere passion is not madness. Nor should any, so called, irresistible impulse, not connected with a diseased brain; nor any emotion or custom which is not of itself a proof of insanity, be considered as conferring immunity from the just punishment of crime. None are free from passions or impulses, which if they be not checked may become almost irresistible from habit, and may lead to crime. But in such cases the perpetrators of crimes being accountable for the acts by which the control over the passions was originally weakened, they are equally accountable for all the consequences that may arise therefrom. A madman is not thus responsible, not being answerable for the diseased action in his brain whence the insane act proceeds.

The law of England, as laid down by the judges in their reply to the queries of the House of Lords on this subject, is—that if the perpetrator of an action is capable of distinguishing right from wrong at the time he committed it, he is legally responsible for it, even though he may be partially insane. The following are the words of this decision:—  
1st. "Notwithstanding that the party committing a wrong act, when labouring under the idea of redressing a supposed grievance, or injury, or under the impression of obtaining some public or private benefit, he was liable to punishment.

2nd. "That before a plea of insanity should be allowed, undoubted evidence ought to be adduced that the accused was of diseased mind, and that at the time he committed the act he was not conscious of right or wrong." . . . "Every person was supposed to know what the law was, and therefore nothing could justify a wrong act, except it was clearly proved the party did not know right from wrong. If that was not satisfactorily proved the accused was liable to punishment."

The 3rd question was not answered, and as it was purely legal need not be quoted.

4th. "The judges were unanimous in opinion, that if the delusion was only partial, that the party accused was equally liable with a person of sane mind. If the accused killed another in self defence he would be entitled to an acquittal; but if committed for any supposed injury he would then be liable to the punishment awarded by the laws for his crime." <sup>a</sup>

<sup>a</sup> Hansard's Parliamentary Debates, 1843.



The 5th and last question refers to the examination of experts as to the patient's state of mind at the time when he committed the crime, and, with the exception of Justice Maule, it was decided that the question was one for the jury, and should not be put to the witness except under certain special conditions.

Similar views have been at all times promulgated from the judicial bench in England. On the trial of Arnold, in 1723, for shooting at Lord Onslow, Mr. Justice Tracy stated, that a lunatic to be exempted from punishment for his acts "must be a man that is totally deprived of his understanding and memory, and doth not know what he is doing no more than an infant, than a brute, or a wild beast."<sup>a</sup> In 1812 Mr. Justice Le Blanc, in a case of murder tried before him at the Old Baily, instructed the jury thus:—"Provided you should be of opinion that when he (the prisoner) committed the offence he was capable of distinguishing right from wrong, and was not under the influence of such a delusion as disabled him from distinguishing a wrong act, in that case he was answerable to the justice of his country, and guilty in the eye of the law." Chief Justice Mansfield, in his charge in the case of Bellingham, who was tried for the murder of Mr. Percival, told the jury that if the prisoner fancied the existence of an imaginary injury, and sought redress for this by some illegal act, but "was capable in other respects of distinguishing right from wrong, there was no excuse for any act of atrocity he might commit under this description of insanity;" and Lord Lyndhurst, on the trial of Offord in 1831, expressed his coincidence with Chief Justice Mansfield's charge; and, further, informed the jury that they would not be justified in acquitting the prisoner on the ground of insanity unless they could answer this question in the negative, viz.:—"Did the prisoner know that in committing the act he offended against the laws of God and man?"<sup>b</sup> Sir William Follet, then Solicitor-General, who prosecuted M'Naughten for the murder of Mr. Drummond in 1843, stated the law to be that "to excuse him (the prisoner) it will not be sufficient that he laboured at the time under partial insanity, that he had a morbid disposition of mind which would not exist in a sane person; that is not enough; if he had that degree of intellect to enable him to know and to distinguish right from wrong, if he knew what would be the effect of his crime, and if with that consciousness he wilfully committed it."<sup>c</sup>

On the memorable trial of Townley, convicted of the murder of Miss Goodwin in 1863, Baron Martin addressing the jury said:—"In his opinion the law was best laid down by Justice Le Blanc, as able a judge as ever sat on the bench. Justice Le Blanc, in the case alluded to, observed to the jury that it was for them to determine whether the

<sup>a</sup> Hargrave's State Trials, 322; and Collinson on Lunacy, Vol i., p. 672.

<sup>b</sup> Corrinton and Payne's Reports, Vol. v., p. 168.

<sup>c</sup> Annual Register, 1843—Law Cases, p. 347.

prisoner, when he committed the offence with which he stood charged, was incapable of distinguishing right from wrong, or under the influence of any illusion which rendered his mind insensible of the nature of the act he was about to commit. Since in that case he would not be legally responsible for his conduct. On the other hand, provided they should be of opinion that when he committed the offence he was capable of distinguishing right from wrong, and not under the influence of such an illusion as disabled him from discerning that he was doing a wrong act, he would be amenable to the justice of his country, and guilty in the eye of the law.”<sup>a</sup>

This “knowledge of right and wrong” which is made the legal proof of criminal responsibility is, perhaps, as fallacious a test of mental sanity as could well be devised. The majority of the inmates of our lunatic asylums have, to a certain extent, the power of distinguishing between right and wrong. For they often adopt precautions and practice concealment when doing acts they know to be wrong, thus clearly showing that they are aware of the impropriety of their conduct, and are anxious to escape its punishment. And yet, such patients may, in other respects, be obviously insane.

The expounders of our law appear to me in this point to confound conscience with consciousness. How is this abstract “knowledge of right and wrong” to be decided? Is it by the conscience of the accused? or by public opinion which differs so widely in different times and places? or by the civil law, which in one state makes that a crime which in an adjoining country may be none? Is the question to be tried by the divine law, acting in self-supposed conformity to which, men, otherwise of sane mind, have conscientiously perpetrated actions which the great bulk of mankind regard as reprehensible? Surely, therefore, the so-called knowledge of right and wrong cannot, of itself, be regarded as a sufficient test of sanity and consequent responsibility.

It would be easy to quote numerous cases in illustration of the consequences of the inhumane law that has reigned and still is enforced in England, with reference to criminal lunacy. I shall, however, content myself with alluding to some of the most notorious cases in which either the sentence of death has been pronounced, or has actually been carried into execution, on persons in the state of madness.

It will hardly be necessary before giving these cases to prove that it can be neither lawful nor expedient to inflict punishment on a lunatic. Although I might quote curious passages from Hansard’s Parliamentary Debates (Volume 67) to show that this practice has been vindicated by a Right Rev. Prelate who undertook the Christian office of proving that dangerous lunatics should be dealt with after the fashion of mad dogs,

<sup>a</sup> Annual Register, 1863—Law Cases, p. 308.

and should be destroyed for the good of society. But as this humane sentiment is not often so explicitly avowed, I shall merely quote the words of two eminent lawyers:—

“The only way to look at the punishment of death,” says Lord Wharncliffe in his evidence, “is to say—is it an example or not? If an example, it is defensible; if it is not, it is not defensible.”<sup>a</sup> There can be no question that a madman, not being under the dominion of reason, cannot be acted upon by the force of example, and thus deterred from an insane act. And, therefore, any punishment is unjust; for, as Mr. Stephens says—“The end or final cause of human justice is not, by way of atonement or expiation for the crime committed—for that must be left to the just determination of the Supreme Being—but as a precaution against future offences of the same kind.”<sup>b</sup>

It seems to have been generally admitted that Bellingham, who was tried for the murder of Mr. Percival, was improperly executed, the application of his counsel for a short postponement having been refused, although witnesses could have been then produced to prove clearly his insanity. The case of Bowler affords another example of the execution of a madman subject to epileptic fits, and exhibiting all the symptoms of mania. Baron Alderson afterwards, at the trial of Oxford, justly remarked, with reference to the last case:—“Bowler was executed, I believe, and very barbarous it was.” In the case to which I have already referred, which was tried before Mr. Justice Le Blanc, at the Old Baily, 1812, a prisoner was charged with shooting at a man named Burrowes, and although a commission of lunacy had found him insane only one month before he committed the offence, still the jury brought in a verdict of guilty, and he was accordingly condemned and executed.

John Barclay who was executed at Glasgow in 1833, was also of unsound mind. He was familiarly known as “Daft Jack.” The clergyman of the parish had always regarded him as imbecile. He thought that a watch was a living animal; and that there was no distinction between killing an ox and killing a man. Yet, although Barclay’s weakness of mind was recognised both by the judge and by the jury, who, on that ground recommended him to mercy, still he was condemned and executed on the plea, forsooth, that “he knew right from wrong.”

John Howison, who was tried before the High Court of Justiciary in Scotland, in December, 1831, and convicted of the murder of the widow Geddes, and subsequently executed—was undoubtedly insane. He was a peddler, and up to a certain period was a man of orderly habits and ordinary manners; immediately after a fever his habits changed completely. He became morose, silent, fond of solitude, and superstitious, wearing a Bible tied to his head, or dangling from his wrist. He sprinkled salt on

<sup>a</sup> Evidence of Lord Wharncliffe—Commissioners’ Report, 1836, p. 96.

<sup>b</sup> Stephens—New Commentaries on the Laws of England, Vol. iv., p. 64.

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his bed, and used to sit for hours brushing away imaginary flies. His appetite became enormous, and he contracted a craving for blood, and would eat an incredible quantity of bullock's liver nearly raw, and slept always with weapons under his head. At one time he became a Quaker, but during the worship would sit muttering to himself, and running pins and needles into his wrists and arms, would suck the blood with great gusto. Moreover, he complained of pain and uneasiness in the head. The crime for which he suffered was apparently quite motiveless; and he accused himself of eight other murders, none of which had ever occurred.<sup>a</sup>

In 1862 Charles Foulkes was tried for the murder of Daniel Stone at Walditch on the 29th of August. Immediately after the murder he had attempted to shoot himself. There appeared to be no motive for the act, except that he had some vague notion that people, and his victim among the number, laughed and jeered at him. Dr. Tuke, who examined the prisoner, said:—"My examination left no doubt on my mind but that he is at this moment of unsound mind. . . . I do not believe him responsible for his actions." The judge's charge in this case was the strongest proof of the incompetency of an unprofessional tribunal to deal with cases of lunacy. He told the jury:—"Although you may be satisfied that this man had some insane delusions; yet if at the time he did this act he knew the nature of that act, and what the consequence would be, and also that it was wrong, then it is your duty to find him guilty." This criminal lunatic was accordingly found guilty, and sentenced to be hanged.

At the Maidstone Assizes, at the same time (1862) a lad aged eighteen, named Burton, was tried for the murder of a boy, between nine and ten years old, on the Chatham Railroad. The prisoner had given himself up voluntarily. There was no cognizable sane motive whatever for the crime. The prisoner having expressed an insane desire of being hanged, had apparently committed the murder solely to accomplish that object. Burton's mother had been twice in a lunatic asylum; his brother was foolish; and he himself was generally considered of weak mind. Medical evidence was given which sustained this opinion. But Mr. Justice Wightman, in summing up, is reported to have said, that the prisoner "was supposed to desire to be hanged, and in order to attain that object committed murder. That might show a morbid state of mind but not delusion. Homicidal mania, again, showed no delusion." So, accordingly, Burton was found guilty, and sentenced to be hanged.

George Victor Townley, who was sentenced to death at the Derbyshire Winter Assizes in 1863, for the murder of Miss Goodwin, a young lady to whom he had been engaged to be married, was described as being "a man of very quiet and refined manners, a good linguist, and an

<sup>a</sup> Edinburgh Medical and Surgical Journal, Vol. xxxviii., p. 51.

accomplished musician." The defence set up was insanity. Some members of the prisoner's family were proved to have been mad. Dr. Winslow in his evidence said :—"His (the prisoner's) moral sense was more vitiated than I ever saw that of any other human being. . . . I think that at this present moment he is a man of deranged intellect." Similar evidence was given by others; and his conduct after the murder, when he gave himself up to justice, assisted to carry home the body of Miss Goodwin, and then took tea with her grandfather, was also ably set forward by his counsel as proof of insanity. The jury, however, took only five minutes to consider the case, and returned a verdict of guilty, and he was sentenced to death. The presiding judge, Baron Martin, next day made a communication to the Home Secretary, the result of which was that forty-eight hours before the time fixed for his execution he was examined by the Commissioners in Lunacy, who reported, "that (for certain reasons given) the prisoner could *not* be considered as being then of sound mind; but that according to the law, as laid down by Baron Martin, which was in accordance with the highest legal authorities on the subject, he was responsible for his actions!!!" Most fortunately the same post brought a certificate, signed by three magistrates and two medical men, in accordance with the 3rd & 4th Victoria, cap. 54, testifying to the insanity of Townley, who was respited on this report.

The subsequent proceedings in this case are not a little curious. Thirty-nine visiting justices of Derbyshire, with an enthusiasm worthy of Dennis, the hangman in *Barnaby Rudge*, signed a strong protest against the respite. Public meetings were held, at which, and in a large section of the press, a torrent of invective was showered upon Sir George Grey, on those who had signed the certificate of lunacy, and on those who had given evidence of Townley's insanity. The effect of all this was, that a second commission were appointed to again report on the prisoner's mental condition. These gentlemen came to the conclusion that Townley was of sound mind, and he was again in danger of being executed. Ultimately the sentence was commuted to penal servitude for life, and, finally, this wretched lunatic, by committing suicide in prison, justified the opinion of those who pronounced him mad.

In the Official Report on Irish Prisons for 1864, p. 8, I find the following case, ably reported by Mr. Lentaigne, the Inspector-General of prisons, which, although less certainly a case of insanity than those I have already alluded to, is one, at any rate, very closely resembling some of those very remarkable cases mentioned by Dr. Winslow, and other psychologists, in which murder has been connected with the influence of some impression made on the mind in sleep by a dream. Dreaming, I may here remark, being a state that presents many analogies with insanity.

Mr. Lentaigne says :—"In April, 1864, an execution took place in

front of this (the Cavan) gaol, for a murder committed on the 23rd January, under circumstances well deserving attention, as connected with penal legislation. Bernard Canglely lived, fourteen years ago, as farm-servant with Peter Reilly, a farmer, in comfortable circumstances. During that period an ass, belonging to Reilly, bit the left hand of Canglely so severely that it had to be amputated. On his recovery he demanded compensation, which Reilly refused to give. Soon after, as I understand, Canglely went to America, but returning, was convicted of cow-stealing at Trim, and sentenced, on the 9th July, 1861, to three years' penal servitude. During the entire period of his detention in the convict dépôt he never committed a single breach of prison rules; and on one occasion, when a fellow prisoner was guilty of an offence, he gave information to his warder. On the 9th January, 1864, he was liberated on license, and, after remaining a few days in Dublin, went to Reilly's house in Cavan, where, on telling his name, he was treated with the greatest hospitality and kindness, and asked to sleep on the loft with the servant boy. Between two and three o'clock in the morning he came down from the loft, only half dressed, saying, "he could not sleep as there were lights or flashes of fire outside the house." Reilly got up to see what was the matter, and was immediately stabbed to death by Canglely, who also stabbed Reilly's wife when she came to her husband's assistance. He then fled, having only his shirt and trousers on, and at once gave himself up at a police barrack some miles distant, saying, "he had stabbed Reilly." The greatest pains were taken by the convict authorities to ascertain if, during the period of his imprisonment, he had ever shown the slightest indication of insanity, but all the medical officers of the convict dépôts agreed he was perfectly sane, and the prison officials in Cavan are of the same opinion. It is, therefore, evident that either he had nursed his revenge for the injury during nearly fourteen years, or else on the night in question some sudden impulse had roused him to commit the crime, even at the sacrifice of his own life; but this is negatived by the fact of his having the knife in his possession. The case is one of those psychological phenomena, the facts of which should be truly recorded, especially at a time when acquittals, on the grounds of insanity, are so easily obtained."

The Inspectors-General, however, evidently feel themselves in some degree restrained by public opinion, but they observe, in the above quoted report, that acquittals in similar cases are not sufficiently easy (query possible) to be obtained.

On the 20th of December, 1865, Stephen Forward, alias Southey, who was charged, in August last, with the murder of three boys in London, and also of the murder of his wife and child a day or two after at Ramsgate, was arraigned, tried, and found guilty, before Mr. Justice Mellor, at Maidstone, on the latter charge. The particulars of this case

are too familiar to all of us to need any *precis* of the facts. And the execution of this wretched man appears to me, in itself, a terrible commentary on the injustice of our laws relating to the investigation and punishment of criminal lunacy.

The last of these cases which I shall refer to is that of Andrew Brown, who was tried before the High Court of Justiciary at Edinburgh, last assizes, and executed at Montrose in January, 1866. The prisoner was the mate of the schooner Nymph, and was tried for the murder of the captain of that vessel, at sea, off the Forfarshire coast.

On his trial the prisoner pleaded generally "not guilty," and pleaded specially that at the time the act was committed he was labouring under temporary insanity.

The following is the substance of the evidence:—

"John Pert, sailor, deponed,—I was engaged, on the 4th of September, to go a voyage on board the steamer Nymph, of Montrose. There were on board, besides myself, Alexander Reaburnes, Andrew Brown (the prisoner), and John Greig (the master). The prisoner was mate. I first saw the prisoner two or three days before we sailed. We were all sober when we sailed. The prisoner was so, so far as I saw. I had seen him every day for two or three days before that, and had not observed him to be the worse of drink. The master was asleep and snoring when he was killed. Brown slipped forward and went to the forecastle. I did not see him come aft, but I found afterwards that he had slipped behind me. My attention was first directed to that by hearing two heavy blows. I looked over my right shoulder on hearing them, and saw the master's head lying in two halves. I was stunned for a little bit; and Brown, who had the axe up, let it down again before I could get hold of him. The two blows I first heard were given quickly one after the other, and the prisoner had the third blow struck before I had time to interfere. I then rushed into the bulwarks and took the axe out of his hand and threw it overboard. The master was apparently dead by this time. After I had thrown away the axe Brown said:—'I have done the deed, and I will have to suffer for it.' *A few minutes afterwards he asked me if I would come and see him hanged. About five minutes after I had seized the axe from him he said, 'Jack, it is a good job you got the axe, or else you would have got the same.'* I had a good twist with him before I could get the axe out of his hands. When I was struggling with him he did not speak. I am sure he was sober at that time. I do not think he had much drink that day. Before we went to dinner on shore we had had a drink of ale together, but that was all. The prisoner then took the helm, and steered the vessel for Stonehaven. He spoke about his mother, and in course of conversation, said, but that he wished to see her he would go over the side. I understood by that he would drown himself, but that he wanted to see his mother. He asked the loan of a shilling from me after we

passed Bervie, and said he had a sixpence, and he would give one shilling and sixpence to his mother. He said it would be the last money he would ever give her. He asked Reaburnes and me to wash up the blood, which we did. After the disturbance that had taken place on board we were afraid of Brown. He asked me if I would come to see him hanged. I made no answer. He was not weeping at any time. He said, '*Jack, I am going stark mad—out of my mind.*' This was said about two hours after the deed, and while he was steering."

Alexander Reaburnes corroborated the evidence. He said:—"Prisoner told us, '*I'm master of the ship, and want to go to Stonehaven to see my mother.*' We tried to get from him, the best way we could, the reason for the murder, and he said, with great violence, and slapping his breast, '*I have another to kill.*' We asked what he had done this for. He simply replied, in a lamenting way, '*I have done the deed, and will have to suffer for it.*' We asked him who the other person was he had to kill, but he would not tell us. I do not think he meant himself. I did not observe any difference in his spirits after the murder. He was not like a drunken man. He was not swearing or using any harsh language during the afternoon. In sailing into Stonehaven he always gave the orders, and gave them correctly. If this deed itself had not been done, there would have been nothing about him to attract attention at all."

Cross-examined.—"*I saw no exhibition of ill-feeling between the master and the prisoner.*"

"Evidence was then called for the defence, to show that the prisoner had sustained a fall in boyhood, and that he had had a fall four years ago which led to a surgical operation; that a block had fallen on his head about a year ago, and that he had suffered other bodily injuries, which had, his sisters deponed, changed his disposition from cheerful to sullen, and that he had gradually fallen into habits of drinking. The witnesses stated that very little drink produced great excitement in the accused, and some thought he was not right in his mind. As one witness expressed it, '*The dram went to his brain.*'"

A verdict of guilty, however, was brought in, in face of this testimony, and the prisoner was sentenced to be executed on the 31st of January.

The foregoing cases in which sentence of death was pronounced or carried into execution on madmen might be very easily multiplied, but I think I have brought forward quite enough to prove that, by the laws still enforced in England, human life has often been judicially sacrificed, and death has been made the punishment of the most dire calamity that can befall man; an affliction, too, which may visit the best and wisest of mankind, and against which no precaution can be taken, and no means of prevention adopted—the loss of reason.

We are often told that the inhumane and barbarous customs of our ancestors would not now be tolerated by the advanced civilization and



enlarged philanthropy of the nineteenth century. But I greatly fear that any one who considers the subject which this paper treats of will find too much evidence to prove that we overrate the moral effect of the superior civilization of the present day, and its influence in restraining the evil passions of human nature—its cruelty and desire for vengeance, and not for justice. It is true that the insane are no longer lashed and chained in madhouses as they were formerly; but it is not less true that they still may be, and often are, hung by the neck until they are dead, in punishment for acts committed under the impulse of madness.

I trust that, by the foregoing observations, I have succeeded in showing how uncertain and unjust is our present law in reference to the criminal responsibility of the insane; but a recent official document, the *Report of the Capital Punishment Commission*, 1865, proves far more cogently than I could do so, the necessity of an amendment of the laws relating to, and the mode of determining, the mental capacity of criminals charged with capital offences. In the 18th section of that report the Commissioners say:—

“18. There are other questions of great importance upon which we have taken evidence, viz.:—(1.) The propriety of allowing an appeal on matters of fact to a court of law in criminal cases. (2.) The mode in which the crown is advised to exercise the prerogative of mercy by the Home Secretary. (3.) The present state of the law as to the nature and degree of insanity, which is held to relieve the accused from penal responsibility in criminal cases. It is obvious that these difficult questions are not confined to capital crimes only, but pervade the whole administration of criminal law. They therefore require a more general and comprehensive treatment than the terms of the commission under which we act will admit. We think, therefore, that while we should not be justified in making any recommendation to your Majesty on any of these points, we should fail in our duty did we not humbly solicit your Majesty's attention to them as requiring further investigation.”

It, however, can surely need little evidence to prove that laws which are connected and deal with a scientific question, and which were enacted when that branch of science was in its infancy, and are in a great measure founded upon the false theories and imperfect knowledge of the time when they were made, are now far behind the present state of psychological information, and therefore require revision. To amend the present state of the law of criminal insanity I would propose two very short and simple, yet, I believe, most effectual, measures, viz.:—

1st. The 64th article of the French code should be adopted by our law in its entirety.

2nd. The question of madness should be decided by a tribunal of experts.

The article of the Code Napoleon to which I refer is as follows :—

“Il n’y a ni crime ni délit, lorsque le prévenu était en état de démence au temps de l’action.”<sup>a</sup>

In the State of New York a similar law has been long enacted :—

“No act,” says this statute, “done by a person in a state of insanity can be punished as an offence, and no insane person can be tried or sentenced to any punishment for any crime committed in that state.”<sup>b</sup>

In cases in which the defence of insanity is set up, the English law, as laid down by Mr. Justice Mellor, on the trial of Southey at Maidstone, December, 1865, is, that “the question of the fitness of the prisoner to be tried should be determined before he was called on to plead. But in a case which occurred before his brother Blackburn, where it arose in the course of the trial, he put both questions at the end of the trial—whether the prisoner was in a fit state to be tried, and whether he was guilty or not guilty. There would be a great loss of time and great inconvenience in having the question tried twice over.”<sup>c</sup>

By the 39th of George III., cap. 44, it is provided that—“If on the trial of any person for murder or felony, he appear to the jury charged on the indictment to be insane, the Court may order the finding to be recorded, and that he be kept in custody till Her Majesty’s pleasure be known.” It was moreover enacted by the 39th and 40th George III., cap. 94, and also by the 3rd and 4th of Victoria, cap. 54, that, even after sentence has been pronounced, “it shall be lawful for any two justices of the peace of the county or place where any person under sentence of death is confined, to inquire, with the aid of two physicians or surgeons, as to the insanity of such person ; and, if it shall be certified by such physicians and surgeons that such person is insane, it shall be lawful for one of Her Majesty’s principal Secretaries of State to direct, by warrant, that such person be removed to a proper receptacle for insane persons.” This, however, was merely a permissive law, and was so seldom acted upon that when it was put in practice in the case of Townley, the press and public opinion were vehement, and almost unanimous in their condemnation of those who had ventured to save thus, a madman from the gallows. By the 27th and 28th of Victoria, cap. 29, an important modification was made in the law, by which the power of medical inquiry into the state of mind of persons under sentence of death was confined to physicians and surgeons specially appointed for this purpose by one of her Majesty’s Principal Secretaries of State.

The second point on which I would insist, namely, that the question of insanity should be decided by experts, is unhappily opposed by the weight of public and legal, as distinguished from humane and scientific, opinion.

<sup>a</sup> French Penal Code, Article 64.

<sup>b</sup> Revised Statutes, vol. ii., p. 697.

<sup>c</sup> The Times, December 21st, 1865.

There is, unfortunately, a great aversion to the reception of medical evidence in cases of insanity, and such testimony carries little weight with either the judges or juries in most cases.

The opinion tersely expressed by Lord Chancellor Westbury, in the House of Lords, not very long since, when he spoke of "the vicious principle of considering insanity as a disease," seems to prevail widely in this country. The Earl of Shaftesbury, in his evidence before the select Committee of the House of Commons on lunatics, went so far as to say:—"For my own part I do not hesitate to say, from very long experience, putting aside all its complications from bodily disorder, the mere judgment of the fact whether a man is in a state of unsound mind, and incapable of managing his own affairs, requires no professional knowledge. My firm belief is that a sensible layman conversant with the world and with mankind can give not only as good an opinion, but a better opinion than all the medical men put together. I am fully convinced of it." At the trial of Foulkes for murder, in August, 1862, the learned judge thus instructed the jury:—"If common sense is not to decide, you ought not to be in that box; as juries do not pretend, and are not expected to have any scientific knowledge. . . . You are not to be deprived (added the judge to the jury, proudly swelling with the sense of their own sagacity and importance) of the exercise of your common sense, because a gentleman comes from London and tells you scientific sense." Accordingly the jury exercised this common sense, and showed their proper contempt for science by finding a man, stark mad, guilty of murder.

It would, of course, be misplaced and unnecessary here to stop for the purpose of discussing the necessity of scientific evidence, and the fallaciousness of those views which lead to its rejection. That insanity is a disease is patent enough to medical men who are well acquainted with the intimate connexion of mind and body; the relation which the health of the latter bears to that of the former, and the influence exercised by medicine over the diseased conditions of both; but it would take more time than I have now at my disposal to prove this proposition to lawyers and jurymen equally ignorant of physiology and psychology.

The difficulty of recognizing insanity, and of distinguishing between real and feigned insanity, and the consequent danger that under the plea of unsoundness of mind, madness may be feigned, and thus lead to the immunity of criminals, is probably the explanation of the reluctance with which judges and juries generally entertain that plea. This very difficulty is, however, the most powerful argument against the present system of dealing with such cases.

Nothing can probably require more discrimination, care, and tact than the recognition of some of the less evident forms of mental disease, or than to distinguish between real and simulated insanity. Such knowledge of the human mind cannot be acquired without special training and

experience. And even with such training it is often a matter of extreme difficulty to discover evidence of insanity when delusions the most strange and strongly impressed on the mind actually exist. I was recently requested to visit a gentleman in a lunatic asylum near Dublin, for the purpose of signing a certificate. Yet such was the insane cunning with which he managed to conceal his madness, that although I was previously aware of the nature of his delusion, and conversed with him on the point for an hour, and though he presented the peculiar aspect of insanity which is more familiar to the attendants on the insane, than easy to describe, still I felt obliged to leave without signing the certificate. I, however, subsequently sought an opportunity of again seeing this man, and then, at a single interview, ascertaining his madness, signed the paper. This I mention only as one of the instances which almost every practitioner meets with, showing the difficulty of pronouncing a person sane or mad.

No rational man would be likely to take the opinion of a jury of grocers, publicans, or tallow chandlers, as to whether his lungs were sound, or his watch in order, in preference to those of a physician or a watchmaker. And yet a question far nicer than either of those, the question of a man's healthy or diseased psychological condition—of all scientific investigations the most delicate and difficult—is, by the laws of England, left to the decision of such persons, assisted by a judge whose knowledge, however extensive it may be in legal matters, is hardly, if at all greater than theirs on any department of medical science.

But besides the foregoing, there is, I think, another cause assignable for the unfavourable opinions expressed by lawyers and judges as to the value of medical evidence in cases of insanity. They, perhaps, may consider that medical men, when employed either by the government as witnesses in cases of alleged criminal lunacy, or by either party to a private case of imputed insanity, may, and very likely unconsciously, be influenced by the fact of being produced or preferred by one side or the other—and thus sometimes, it may be, have the opinions they express more or less affected by the views of their employers.

On such occasions, and when placed in such a position, medical men should, however, bear in mind what they are, and consider themselves as members of a pre-eminently exalted, ennobling, and humanizing profession, having the sacred offices of a high and holy calling to perform, and bound at all hazards, and at every sacrifice of self-interest, to sustain the ends of truth and justice alone.

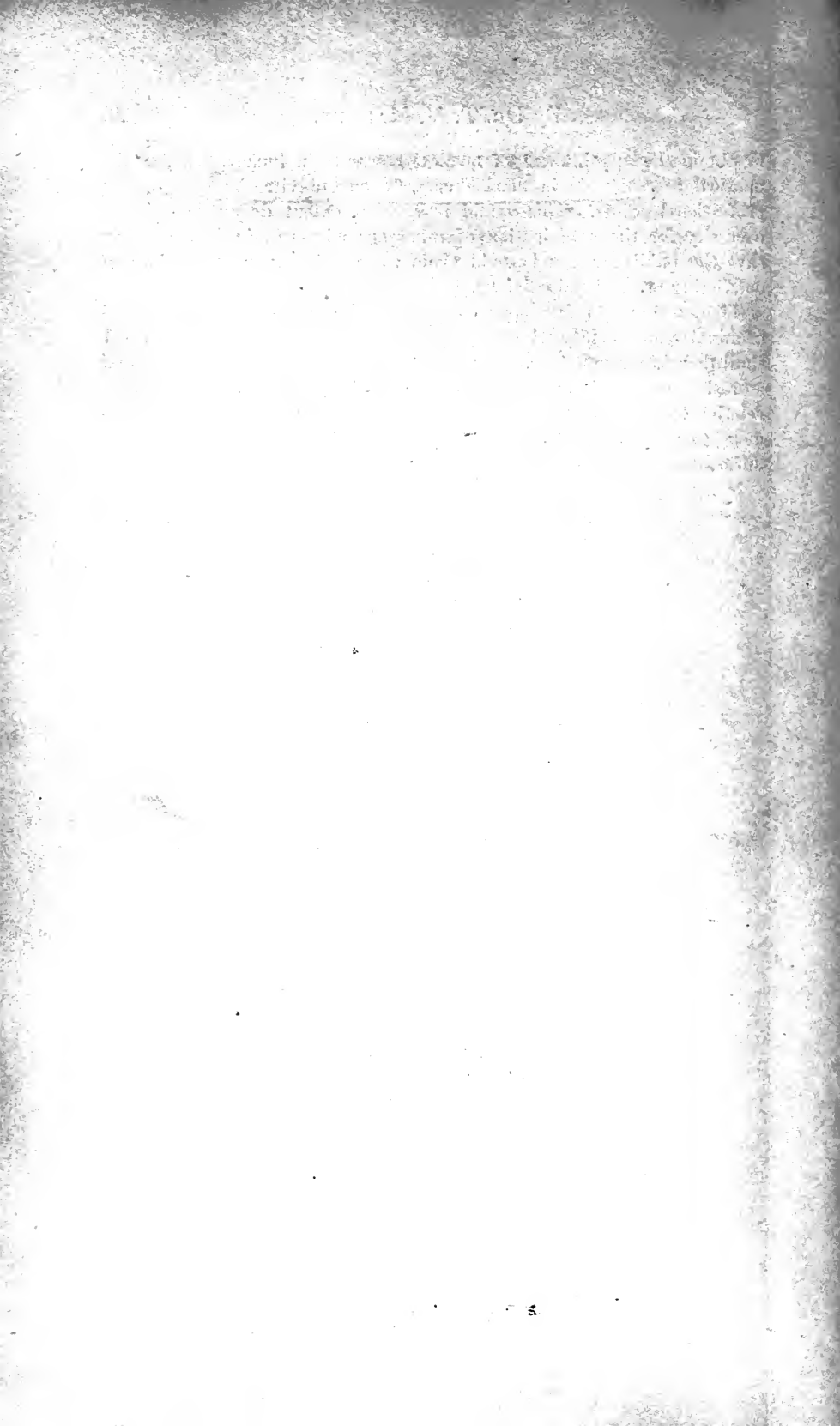
As lawyers predominate in the legislature, we can hardly hope to wrest the question of lunacy—although it is as medical a question as fever or consumption—from their control, but still something might be affected towards reforming and obviating the recurrence of the abuses I have indicated. If the voice of the profession were unanimous in urging the great importance of the subject on public attention, it might be possible

to obtain the appointment of medical assessors in lunacy, who, as the nautical assessors do in marine cases, should advise the court on all professional points. This would to a great extent do away with the necessity for the examination of numerous witnesses in lunacy cases, save the public time, and would avoid the perplexing contradictions of conflicting professional opinions.

There are many other topics connected with the subject of insanity and criminal responsibility which my space prevents my even alluding to. I shall therefore conclude with expressing an earnest hope that a wiser and more humane spirit may before long pervade the laws of this country relating to so-called criminal insanity; and that the most terrible punishment that man can inflict shall no longer be awarded to the most unfortunate of all victims of disease.

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ON DREAMING, CONSIDERED ESPECIALLY IN  
RELATION TO INSANITY.

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TRAVELLERS IN PURSUIT OF HEALTH;" "THE SPAS OF GERMANY,  
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1867

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ON DREAMING, CONSIDERED ESPECIALLY IN  
RELATION TO INSANITY.

*Read before the Medical Society of the College of Physicians, Dublin,  
March 20th, 1867.*

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THE subject of the following communication is a branch of medical psychology, which many years ago was discussed before the former Medical Association of this college in a paper by Mr. Andrew Carmichael, read before the Association on the 6th of April, 1818, by Dr. Brooke, and printed in the transactions for that year. As, however, I purpose to treat the subject from a different point of view to that adapted by Mr. Carmichael in his "Essay on Dreaming, including conjectures on the proximate cause of Sleep," above referred to, I mention this fact merely to show that the question of dreaming, considered especially in relation to the study of insanity, seems to be a matter not unworthy of the attention of this Society, also, which now represents the former Association of the members of the College of Physicians.

In considering the nature and causes of insanity I was often struck by the close resemblance which appears to exist between the state of the mind in insanity, and in the dreaming condition. And I have now attempted to digest the notes I made on this subject during some years into regular form, in the hope of being able to contribute something to what is known concerning a very obscure branch of mental science, and one which may possibly throw some light on the nature of the morbid action in the mind which constitutes insanity.

By the majority of scientific writers, dreaming has been considered from a purely metaphysical point of view, and perhaps on that account has received less attention than it deserves from physiological and pathological inquirers, who too often seem to ignore the truth, well expressed by Reid, that—"Medical cannot be separated from moral science without essential mutilation." I know hardly any work in the English language that treats of this question in a full and satisfactory manner.

The best account of the physiology of dreaming which I am acquainted with is that contained in Sir Henry Holland's "Chapters on Mental Physiology," which, interesting and suggestive as it is, yet leaves some parts of the inquiry altogether untouched, and hardly even alludes to the diagnostic and prognostic value of the signs furnished by this condition of the mind.

I therefore hope that I may claim the indulgent consideration of the Medical Society for the following attempt to elucidate the question of dreaming as one of the most interesting problems connected with mental physiology. And I believe that I shall be able to show that this condition of the mind affords indications which, if rightly interpreted, are calculated to throw light on the diagnosis and prognosis of some of the most obscure diseases which affect mind and body.



## I. VARIOUS THEORIES OF DREAMING, ANCIENT AND MODERN.

What a dream really is? and how and why we dream? are questions which have been investigated by some of the greatest philosophers of every age, but which, nevertheless, still remain unsolved. Before saying my own views on these questions before the Medical Society, I shall first briefly allude to some of the most remarkable theories on the subject; as even in the wildest speculations on philosophical questions we may occasionally discover some vestige of truth, or at least, may learn to avoid the error of our predecessors.

In Homer we find the idea that—"Dreams descend from Jove." (1) Herodotus makes Artabanus tell Xerxes that "Dreams in general originate from those incidents which have most occupied the thoughts during the day." (2) Epicurus, we are told, taught that dreams were occasioned by "images" which were supposed to emanate from all material bodies, and that being of extreme tenuity these images penetrated into the mind, although the senses were closed, during sleep, and excited in the sensorium a perception, or dream, of the object from which they proceeded. This absurd idea was subsequently adopted, and amplified by Lucretius.

In the treatise, "On Dreams," commonly attributed to Hippocrates, which, although its authenticity is disputed by the late Dr. Adams, is of unquestionable antiquity, being quoted by Galen, we find an exposition of the opinion of the early Greek physicians on the subject—"When the body is at rest the soul being then in a state of movement steals over the organs of the body, manages its own abode, and itself performs all the actions of the body; for the body being asleep does not perceive, but the soul being awake beholds what is visible, hears what is audible, walks, touches, is grieved, reflects, and in a word, whatever the offices of the soul and body are, all these the soul performs in sleep. Whoever then knows how to judge of all these correctly will find it a great part of wisdom." (3)

Most of the early medical writers allude to the species of dreams to which Hippocrates refers in the passage I have just cited, and which they imagined often revealed the remedy for whatever disease the dreamer suffered from.

Galen tells us that Æsculapius was supposed to assist the sick in dreams, and in them that he pointed out the proper remedy for whatever disease the patient might suffer from. (4) When Galen himself was suffering from inflammation of the diaphragm, we read that he was instructed in a dream to open a certain vein, which he did, and recovered. Also the physician Abin Zoar acquired in the same way a knowledge of the medicine, by the use of which he was cured of a severe ophthalmia. But it was among the Greeks that this idea was fully developed and formed into a regular system.

(1) Homer, "Iliad" Book, i. line 86.

(2) Herodotus, "Polymnia" chap. xvi.

(3) See Dr. Adams, "Disquisition on the authenticity of the different treatises attributed to Hippocrates," prefixed to Sydenham Society Edition of Hippocrates, vol. i. p. 82.

(4) Galen, "De Sanit. Tuend." Lib. i., cap. 8.



In the first volume of Sprengel's great work on the "History of Medicine," is a most interesting account of the manner in which the Greek's prepared themselves before sleeping in the temples of Æsculapius, and of the dreams with which they were visited in these places.(5)

Speaking of the uses of dreams, Jamblicus says:—"And bodies, indeed, that are diseased it heals; but properly disposes such things as subsist amongst men erroneously and disorderly. It likewise frequently delivers the discoveries of arts, the distribution of justice, and the establishment of legal institutions. Thus, in the temple of Æsculapius, diseases are healed through divine dreams; and through the order of nocturnal appearances, the medical art is obtained from secret dreams."(6) Herodian tells us that Antonius being ill, "hastened to Pergamus, in Asia, with intent to apply to Æsculapius for the recovery of his health, and there amused himself with dreams."(7) Aristophanes gives a detailed account of the rites used to invoke a dream in the temple of Æsculapius in his comedy of *Plutus*, or *Wealth* (Act iii., Scene 2nd). But if, notwithstanding these rites and preparations, the patient did not dream of any remedy, we are told by Artemidorus,(8) that whatever the patient happened to dream about was considered as allegorical of the remedy. Though, as Sir Thomas Brown well observed, "A man might have been hard put to it, to interpret the language of Æsculapius, when, to a

consumptive person, he held forth his fingers; implying, thereby, that his cure lay in dates, from the homonymy of the Greek, which signifies dates and fingers."(1) Being thus vague, these dreams were interpreted by the guardians of the temples, who appear to have generally been shrewd and observant physicians. Plato's theory on this subject was, that dreams are caused by demons, or spirits, which he imagined filled the earth and air; and that some of these spirits being of good, and others of evil, natures, gave rise to corresponding dreams.(2) Wild and fanciful ideas as this is, it is not a little strange to see it advocated by a very sober Scotch philosopher of the 17th century, with some slight modification. "Our dreams," says Mr. Baxter, "are promoted by separate immaterial beings." And again, he argues that "these beings lie in wait for, and catch the opportunity of the body, to represent, at the same time, something frightful to the mind."(3)

(5) Sprengel, "Histoire de la Médecine, Traduite de l'Allemand par M. Jourdan, tome premier." Pp. 160, 161. Paris, 1815.

(6) Jamblicus, "On the Mysteries." Section iii., chap. 3, page 130 Translated by Taylor. Cheswick, 1821.

(7) Herodian's "History of his own Times." Translated by Hart, p. 181. London, 1749.

(8) Artemidorus, "Oneirocritica." Lib. iv., cap. 24, p. 215.

(1) Sir Thomas Brown, "On Dreams." Works vol. iv., p. 357.

(2) Plato's "Republic." Book vii. 215, 257.

(3) Baxter's "Inquiry into the Nature of the Human Soul." Pp.



More rational than the last quoted speculation was Aristotle's opinion, which, in reality, differs very little from that supported by some modern metaphysicians. He says that every visible object makes an impression on the mind, but that this impression may remain in a latent condition, until it be called into active existence, during sleep, by motions in the brain, commenced before slumber has occurred, but continuing to operate in sleep, and giving rise to a dream, which is a "*Phantasma*" or appearance of a thing, after the object itself is removed.

In the "*Dæmonologia*" of Don Francesco Torreblando, published in the early part of the 17th century, the opinions then prevalent on this subject are thus stated:—"The visions or dreams which occur in sleep are either to be ascribed to God, nature, or the devil. Those which are from God are distinguishable from those which are to be attributed to the devil, as we are told by Gregory the Great—'Holy men discern between illusions and revelations, and distinguish the sounds emitted, and images perceived in those visions when cast into deep sleep, so as to know those which emanate from a good spirit, and those which they suffer from (contrary) illusions.'"(4)

There have been many theories as to the moral significance of dreams, which at very remote periods of time have expressed a very similar idea, as may be seen by the following instances:—Zeno was of opinion that we might judge of our advancement in virtue from our conduct in dreams; and that if, in sleep, we discover that our minds are prone to yield to our passions, it is a clear indication that we have great need to watch over ourselves.(5) Sir Thomas Brown says the same thing in other words—"However dreams may be fallacious concerning outward events, yet they may be truly significant at home; and whereby we may more sensibly understand ourselves. Men act in sleep with some conformity unto their awakened senses; and consolations or discouragements may be drawn from dreams which intimately tell us ourselves . . . .

Persons of radical integrity will not easily be perverted in their dreams, nor noble minds do pitiful things in sleep."(6) The last opinion I shall quote on this point is that of probably the most philosophical medical writer of the 19th century, the late Sir Benjamin Brodie, who says:—"Dreams are, at any rate, an exercise of the imagination, and one effect of them may be to increase the activity of that important faculty during our waking hours. As they are influenced by our prevailing inclinations, so they may help us to form a right estimate of our own characters; and assuredly it would be presumptuous to say that they may not answer some still further purpose in the economy of percipient and thinking beings."(7)

I shall conclude this brief notice of the various theories

of dreaming by citing an English philosopher of the 17th century, a German metaphysical writer of the present day, and a French author, whose work on this subject has been approved of by the Institute of France. All these convey the same theory in different forms. The first—Thomas Hobbs, of Malmsbury, says—"Dreams are the imagination of them that sleep. . . . There is a reciprocation of

(4) Torreblando, cited in Dr. R. R. Madden's "*Phantasmata; or, Illusions and Fanaticisms*," Vol. i., p. 104. London, 1867.

(5) Plutarch in "*Life of Zeno*."

(6) Sir Thomas Brown, "*On Dreams*," Works vol. iv., p. 357. Edition of 1835.

(7) Sir Benjamin Brodie, "*Psychological Inquiries*," &c. Part first, p. 158. Fourth Edition. London, 1862.





motion from the brain to the vital parts, and back from the vital parts to the brain; whereby not only imagination begetteth motion in these parts, but also motion in those parts begetteth imagination like to that by which it was begotten." (1) Baron von Feuchtersleben, an eminent German psychologist, asserts that "dreaming is nothing more than the occupation of the mind in sleep with the pictorial world of fancy." (2) Monsieur Lemoine, in his interesting work, "Du Sommeil," thus defines a dream:—"Un rêve," he says, "properment dit, réduit à sa simplicité élémentaire, à sa pureté parfaite, c'est une sensation, c'est une vision, c'est une image excitée tout à coup dans l'âme par un mouvement intestinale de l'organe et qui s'évanouit avec sa cause organique." (3)

#### THE NORMAL STATE OF THE MIND DURING SLEEP.

The question we have first to consider is, whether the mind during sleep is always occupied by dreams or not? And if not, when, and under what circumstances do dreams occur? Most metaphysical writers on this subject incline to Lock's opinion, that we do not dream always when asleep, for we do not think always, and he argues that we "cannot think at any time, waking or sleeping, without being sensible of it." Therefore, Lock concludes, that "most men pass a great part of their sleep without dreaming." (4) Reid and McNish are of a similar opinion. A much higher authority on all physiological questions than any of those I have just named,—Dr. Carpenter holds the same views on this subject, (5) and Lord Brougham in his "Discourse on Natural Theology," expresses his belief that we dream only in the intermediate condition between sleeping and waking. The experience, however, of the great majority of observers confirms the opposite opinion—namely, that we seldom, if ever, sleep without dreaming, although in many cases we have no recollection whatever of having dreamt. Baron Von Feuchtersleben holds that, "we, in fact, never sleep without dreaming." (6) German metaphysicians, as for example, Kant and Von Schlegel, (7) generally incline to the same opinion; and the highest authorities in this country on mental science believe dreaming to be the normal state of the mind during sleep. The late Sir Benjamin Brodie, says, "I should myself be inclined to doubt whether we ever sleep without some degree of dreaming. At any rate, not to dream seems to be not the rule, but the exception to the rule." (8) Sir Henry Holland, too, argues that sleep without dreams does not exist; "for," he says, "otherwise there would be two states of sleep more remote from each other than we can

(1) The English Works of Thomas Hobbs (of Malmesbury). Edited by Sir W. Molesworth. "Tripes," vol. iv., p. 10. London, 1840.

(2) "The Principles of Medical Psychology." By Baron von Feuchtersleben. Sydenham, 8vo, translation, p. 163. London, 1843.

(3) Dr. A. Lemoine, "Du Sommeil Au Point de vue Physiologique et Psychologique." Ouvrage couronné par L'Institut de France. P. 155. Paris, 1855.

(4) An Essay concerning the Human Understanding. Book ii., Cap. i., Sect. 10-19.

(5) Dr. Carpenter. Article, Sleep. *Cyclopedia of Anatomy and Physiology*. Vol. iv., Pp. 6-90. London, 1852.

(6) Von Feuchtersleben's Medical Psychology. Translated by Lloyd and Babington. Pp. 164-165. London, 1847.

(7) Von Schlegel's Philosophy of Life. Translated by the Rev. Mr. Morrison. P. 23. London, 1847.

(8) Sir B. Brodie, Psychological Inquiries. Vol. i., p. 151. London, 1862.



conceive any two conditions of the same living being—one in which sensations, thoughts, and emotions are present inactivity and unceasing change, another in which there is the absence or nullity of every function of mind—annihilation, in fact, for the time, of everything that is not organic life.”(9) I shall only quote one other authority which, however, appears to me to decide the question. Sir William Hamilton made a series of experiments on himself with regard to this point by causing himself to be aroused from sleep at certain fixed intervals, and when thus suddenly awakened from sleep always found that he was either interrupted in the course of some dream, which he remembered, more or less perfectly, or else felt aware, at least, that he was not aroused from an unconscious state.(10)

INDEED, it must, I think, appear most probable that as long as vitality remains there can never be a complete cessation of thought; and the mind, during sleep, as well as during the waking state, continues to operate, even though in the former condition the consciousness of its operations be suspended, and though the mind may then act faintly or imperfectly; or, perhaps, in a totally different way from that in which it acts during the waking state. Every one who has had occasion to sit up with invalids, and to watch them during sleep, knows that dreamers are seen to toss about in bed, to express various emotions in their countenance, are heard to moan and talk in their sleep, and are known to enact their dreams, as in the case of somnambulists, all without any recollection whatever of having dreamt, and such persons, when they are aroused from a dream in which they have given manifest signs of their state, will often insist that their sleep has been perfectly calm and undisturbed.

It is evident that the condition of the mind of a dreamer, must be very different from the mental state of the same person when awake. In the latter case the current of thought (except when the individual is absorbed in deep reverie, which is a state very analogous to dreaming) is influenced and modified by the constant succession and change of external impressions transmitted by the senses. But in sound sleep all impressions from the external world are either entirely shut out, and the mind is no longer in any degree under the dominion of their suggestions; or else, as is perhaps more frequently the case, these impressions are so faintly or imperfectly conveyed as to produce sensations and results altogether different from those they would have occasioned in the waking mind.

(9) Sir H. Holland's Chapters on "Mental Physiology." London, 1852.

(10) Sir William Hamilton's Lectures on Metaphysics, Vol. i., p. 323..



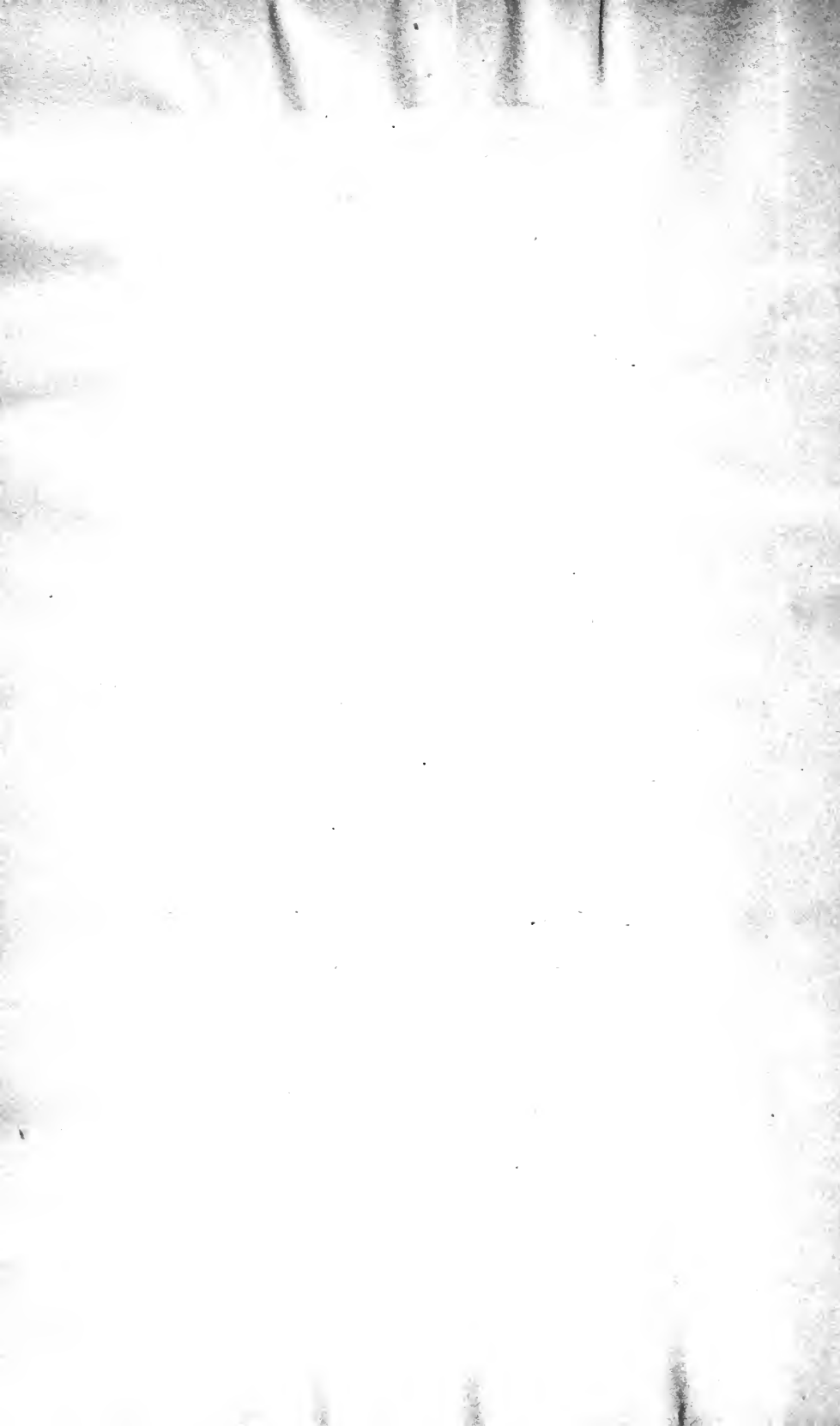
Impressions, however, may also originate from within the brain itself, as well as be transmitted to it from without. That such may be the origin of some dreams is more than probable for such, as far as we know, is the nature of those sensations, for example, which patients who have undergone a capital operation, occasionally refer to limbs which no longer exist. Of a character, too, are those hallucinations of the organs of special sense that occur in the course of many febrile and nervous complaints, and also in some chronic maladies. These false perceptions of taste, sight, and hearing, occasionally commence in dreams, although they may be continued into, and influence the waking senses. Thus, for instance, a gentleman under my care suffering from dyspepsia, dreamt one night that he was compelled to eat *mal gre lui*, a quantity of molasses, and on awaking perceived an intensely sweet taste on his palate. This lasted for eight or ten days, and for that time altered and perverted the flavour of everything the patient ate or drank. A somewhat similar case is recorded by Dr. Millingen in his "Curiosities of Medical Experience" (p. 311), in which the sense of vision was effected by an hallucination commencing in a dream. Closely related to this part of the inquiry into the nature of dreams, a subject of considerable interest in connection with the medical jurisprudence of insanity presents itself. In his well-known work on "Obscure Diseases of the Brain," Dr. Forbes Winslow narrates several instances in which dreaming appears either directly or indirectly to have led to the commission of serious crimes of various kinds. "A person," says this eminent psychological physician, "apparently well, has gone to bed without manifesting the slightest tendency to self destruction, and on being suddenly aroused from a frightful dream has destroyed himself." (1) The same author also refers to some cases in which murder was apparently committed under the influence of dreams. And, in a communication I had the honour to read before this Society on the 21st of March, 1866, I made some observations on a very remarkable case of a somewhat similar character to those described by Dr. Winslow. (2)

### III. VOLITION NOT NECESSARILY SUSPENDED DURING SLEEP.

We find it asserted by some physiologists that the essential character of sleep is the suspension of volition, But this proposition is far from being generally true. Unless, indeed, we admit that dreaming and sleeping are two separate states of existence. For although the power of controlling and changing the subject of our thoughts is generally suspended in dreams, yet there are many and striking exceptions to this law recorded, especially by Abercrombie and Reid, in which the dreamer had the power of stopping a dream at a particular point. And, even without referring at all to the question of somnambulism, another objection to the theory that volition is of necessity lost during sleep is presented by the well-known phenomena of incubus, or night-mare, in which volition, although without the power of executing the act willed,

(1) Dr. Forbes Winslow "On Obscure Diseases of the Brain, and Disorders of the Mind," p. 592. London, 1861.

(2) Dr. Thomas More Madden "On Insanity, and the Criminal Responsibility of the Insane," pp. 15, 16. Dublin, 1866.



appears to be exerted. Dryden has so admirably rendered Virgil's description of this state that I cannot refrain from quoting it :—

“And as when heavy sleep has closed the sight  
The sickly fancy labours in the night,  
We seem to run; and destitute of force,  
Our sinking limbs forsake us in the course:  
In vain we heave for breath, in vain we cry;  
The nerves, unbraced, their usual strength deny;  
And on the tongue the faltering accents die.”  
(ÆNEID B. xii., L. 908.)

In such dreams it is evident that it is not volition, but the power of co-ordinating the movements which are willed that is suspended by sleep. The cerebellum in dreams being probably quiescent while the cerebrum is active, and therefore no voluntary action can respond to the exercise of the will.

#### IV. CHARACTER OF THE VISUAL IMPRESSIONS OF DREAMS.

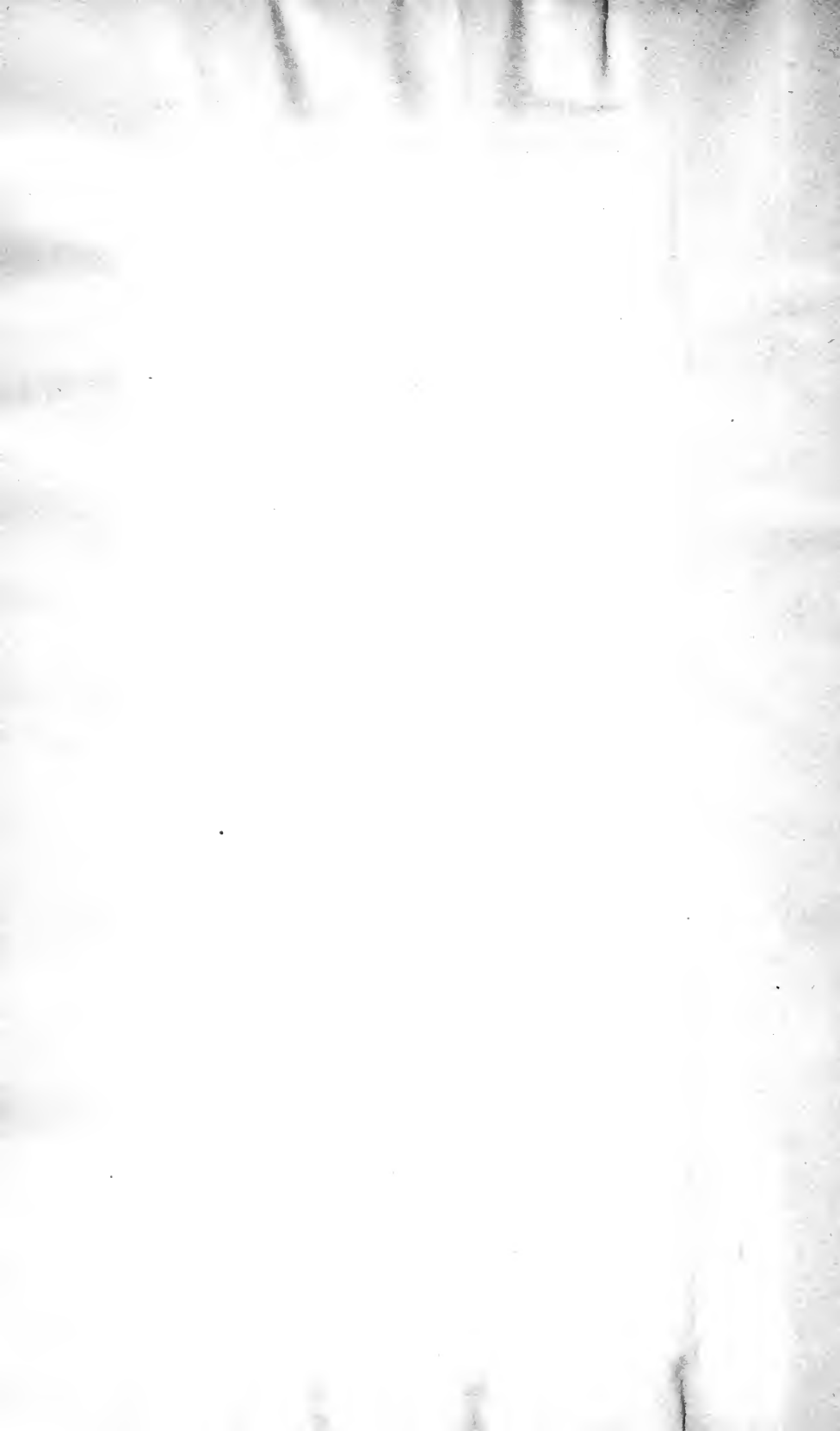
It is a generally received opinion that the impressions of visible objects seen in dreams are effected in the retina, from which they were originally, at some previous time, transmitted to the brain, and thence are returned during the dream by the optic nerve, and produce their impression on its ocular expansion. If this theory were correct, however, it would be impossible to explain the phenomena of dreams in persons born blind, or in whom the retina has been destroyed by disease, and who, nevertheless, continue to dream of visual objects. It therefore seems, I think, more probable that the visible objects of dreams are independent of the ordinary channels of vision, and are produced directly within the sensorium.

#### V. SLEEP-TALKING

Into the question of somnambulism I shall not attempt to enter on the present occasion, as the subject is too extensive. But I should gladly, if I should ever have the time and opportunity, for so doing, treat of it as a distinct and most interesting subject of investigation. I may remark, however, that in the state of sleep-talking, which is a form of somnambulism, it appears as though the mind had regained its command over the voluntary muscles which are connected with the vocal organs, and that these respond to the will, and perform their accustomed functions in proportion to the vividness of the dream as well as the strength of volition and state of health of the dreamer, being most energetic when the sleeper's health is most delicate. In those rare cases in which the dreamer responds to questions, and to a certain extent is capable of entering into conversation while still asleep, the person's condition is evidently that of partial or imperfect sleep. For not only is the external impression transmitted through the portio mollis of the seventh cerebral nerve in the ordinary manner, but, moreover, it produces its ordinary action on the portion of the brain connected with the sense of hearing and volition is excited and transmitted to the voluntary muscles of the parts by which the response is made, thus clearly showing that these organs are not under the dominion of sleep.

#### VI. TRANSITORY CHARACTER OF THE MENTAL IMPRESSIONS MADE BY DREAMS.

The evanescent nature of the impressions made on the mind by dreams is a matter of familiar observation. It is nearly always exceedingly difficult and generally, indeed, impossible to recall to memory an hour or two after we





awake the very subject of even the most vivid dream ; and when we do succeed in recalling the subject our recollections are generally vague, indefinite and obscure. This very curious fact, has, I believe, never been in any way accounted for. The only condition that appears to present an analogy in this respect to dreaming, is the state produced by the action of certain stimulating narcotics, such as alcohol, opium, and chloroform, under the influence of which acts are performed and things are suffered of which no trace at all (or at any rate one as indistinct as the recollection of a dream) is left on the memory when the effect of the drug has passed off.

#### VII. "SLEEP-INDUCING HALLUCINATIONS."

Under the above name, Mons. Maury and other recent French writers on this subject describe a form of spurious dreaming which presents a very close analogy to insanity, and that which M. Maury states is very common even in persons whose mental as well as bodily health are equally good. These "sleep inducing hallucinations," as they are called, consist of spectra, which appear before the mind just at the moment of sleep, and which, according to M. Maury, are reproduced in the ensuing dream.<sup>(1)</sup> My own observations, however, lead me to think that this phenomena is not so commonly met with as the writer I have just referred to supposes. In fact, of the very large number of persons I have questioned on this subject very few indeed were conscious of these "presomniferous hallucinations." I know one person to whom they sometimes occur, but as far as he is conscious of are never reproduced in the succeeding dream. Occasionally these hallucinations are so vivid that the delusion continues even after the eyes are open. Some months ago after having passed a restless night, this individual was dozing off towards morning, when in the transition state between sleeping and waking, two spectra, whose faces he felt quite familiar with though they were of colossal size and were clad in the costume of last century, appeared standing one at each side of the foot of the bed, over which they leaned upon their halberds. To assure himself that he was not dreaming, he opened his eyes and sat up in the bed, but the hallucination still continued for some time as distinctly as before, and then suddenly disappeared. This case presents a good example of the close resemblance between the phenomena of the state just described and insanity. Here was an impression produced by a hallucination on one of the senses, which was as vivid, for the time, as if it had been produced by an objective cause, and had this hallucination extended to the other senses, and if the person had not been able to reason rightly that this impression was unreal, the illusion would have become a delusion, and the individual would have been insane. So nearly do the confines of sanity and insanity approach in dreams. The individual to whom the foregoing hallucination occurred explained it by "the Laws of Association," as laid down by the Rev. Dr. Wills. For, the day after the dream I have spoken of, this gentleman visited the exhibition of the Royal Dublin Society, and there, to his surprise, recognised the figures he had seen in his dream in the mutes in Mr. — excellent painting of "Goldsmith Mourners," which, he says, must impressed itself on his mind at a preceding visit, although he could not recollect having seen it before.

(1) *Le Sommeil et les Rêves, &c., &c., par M. L. F. Alfred Maury, Membre de l'Institut, Paris, 1862.*



The most noticeable points of resemblance between dreaming and insanity are the loss of all power of discriminating between the possible and the impossible, the absence of surprise at the most astonishing scenes and events, and the ready credulity with which absurd contradictions and impossibilities are quietly accepted by the mind as facts. Another peculiarity of the mind in dreaming, is want of consecutiveness, and connexion between the various dreams which succeed each other, the mind passing with ease from one subject to another in no way connected to it in the same manner as it also does in insanity.

#### VIII. OCCASIONAL MANIFESTATION OF MENTAL POWER DURING DREAMS.

One of the most remarkable phenomena in connection with dreaming is the occasional manifestation of intellectual activity by persons in this condition. Though this fact is doubted by some psychologists, and amongst others by Rosenkrantz and Baron von Feuchtersleben, who asserts that "intellectual problems are not solved in sleep, because intense thought is without images, whereas dreaming is a creation of images."<sup>(1)</sup> This assertion, however, is directly opposed to many well-known cases, in which the full powers of the mind have been exercised by persons apparently in a sleeping condition.

Sir Thomas Brown goes so far as to believe that "Sleep is the waking of the soul; the ligation of sense, but the liberty of reason." Condillac states that while engaged in his "Cours de Etude," he frequently developed and finished in his dreams a subject which had engaged his attention when he retired to rest. Condorcet had presented to him in sleep the solution of a difficult calculation that had puzzled him all the preceding day.

"Nous avons quelquefois," says Cabanis, "en songes des idées que nous n'avons jamais eues. Nous croyons converser, par exemple, avec un homme qui nous dit des choses que nous ne savons pas. J'ai connu un homme très-sage et très-éclairé (Franklin) qui croyait avoir été plusieurs fois instruit en songe de l'issue des affaires qui l'occupaient dans le moment." Cabanis accounts for this by supposing that the mind continues to occupy itself in such cases with its waking thoughts, and continues these with the fictitious creations of the dreaming imagination.<sup>(2)</sup> The same thing is said to have occurred to Brindley, the engineer, when constructing the Bridgewater canal. Dr. Gregory, too, stated that he found his dreams often occupied by thoughts and arguments "so just in point of reasoning and so good in point of language" that he made use of them in his lectures.

Goethe says in his *Memoirs*: "The objects which had occupied my attention during the day often reappeared at night in connected dreams. On awakening, a new composition, or a portion of one I had already commenced, presented itself to my mind. In the morning I was accustomed

(1) Von Feuchtersleben, "Medical Psychology," p. 167.

(2) Cabanis, "Rapports du Physique et du Moral de l'Homme," 8th edition. Paris. 1844. P. 574.



to record my ideas on paper.”(3) In Lord Jeffrey’s life it is stated that this judge of unenviable notoriety entertained a somewhat similar opinion. “He (Lord Jeffrey) had a fanhy that though he went to bed with his head stuffed wity the names, dates, and other details of various causes, the were all in order in the morning, which he accounted foreby saying that during sleep they all crystallized round their proper centres.”(4)

The well-known history of the composition of Coleridge’s poem of “Kubla Khan” during sleep may also be here cited as a further illustration of my statement. We read that in the summer of 1797 Mr. Coleridge, being then *in ill health*, was rustivating in a quiet farm-house in the country. On one occasion, having previously taken an anodyne, he fell asleep in his chair, while reading in “Purchas Pilgrimages” a passage referring to the Khan Kubla. He slept on for three hours, and during this time, as he subsequently asserted, he had the most perfect confidence that he composed from two to three hundred lines of poetry whilst still asleep, and did not experience the least consciousness of effort in so doing. When he awoke he had a perfect recollection of the whole poem, and instantly wrote down the fragment which exists of “Kubla Khan.” But whilst thus engaged he was called out of the room for about an hour, and on his return he found that he had lost all distinct recollection of the poem, although he still retained a dim consciousness of its general purport, and even remembered a few scattered lines.(5) The late Sir B. Brodie (in his “Psychological Inquiries”) relates a somewhat analogous case, in which a friend of his, whose mind had been deeply occupied with some abstruse scientific point, about which he failed to satisfy himself, imagined that the matter had been cleared up suddenly in a dream. It would be easy to add to these cases, but enough has been said to prove that the exercise of mental power is not incompatible with the sleeping state.

It must be admitted, however, that such cases as the foregoing are comparatively rare exceptions, and that the faculties most commonly exercised in dreams are the memory and the imagination, unbridled by the judgment.

The sense of the ludicrous is occasionally highly developed in dreams. I know a gentleman who seldom indulges in a pun when awake (although when he does attempt them they are generally good), but when asleep he frequently fancies that he has made a capital pun, which amuses him exceedingly at the time, though on recalling—which he can always do in the morning—he finds that it is very far from being as witty as he had supposed.

Sir Thomas Brown thus recorded his own experience on this subject—“I am in no way facetious, nor disposed for the mirth and galliardise of company; yet in one dream I can compose a whole comedy, behold the action, apprehend the jests, and laugh myself awake at the conceits thereof. Were my memory as faithful as my reason is then fruitful, I would never study but in my dreams, and this time also would I choose for my devotions; but our grosser memories have then so little hold of our abstracted understandings, that they forget the story, and can only relate to our awakened souls a confused and broken tale of that that hath passed.”

(3) Goethe’s “Memoirs,” p. 126. London. 1824.

(4) Lord Cockburn’s “Life of Lord Jeffrey,” vol. i., p. 243 (note).

(5) “Coleridge’s Poems,” Adeline edition. London. 1848. P. 214.



THE rapidity with which events that appear to have occupied long periods of time pass before the mind in dreams is another very interesting question. "In dreams," says Dr. R. R. Madden, "the time occupied by the playing out of entire scenes of an ideal drama, the wonderful incidents of which could not be described (were they to be written down) in half an hour, is often hardly appreciable; sometimes it is estimated by seconds, at other times by minutes." (1) This fact is so generally admitted that I have referred to it only in consequence of some remarks in the Rev. Dr. Wills' learned paper "On Dreams," in which he says—"It seems probable that most dreams occupy the same time which the same succession of ideas would in waking; there seems at least no ground for the contrary opinion." (2)

It would be easy, however, to quote numerous instances in refutation of this theory of Dr. Wills'. Very interesting illustrations of the inaccurate perception of the time occupied by dreams are given in Lord Brougham's "Discourse on Natural Theology," and also in Dr. Winslow's work, "On Obscure Diseases of the Brain." Dr. Abercrombie narrates the following instance of this:—"A gentleman dreamt that he had enlisted as a soldier, joined his regiment, deserted, was apprehended, carried back, tried, condemned to be shot, and at last led out for execution. After all the usual preparations a gun was fired; he awoke with the report, and found that a noise in an adjoining room had both produced the dream and awakened him." (3) The late Sir B. Brodie's remarks on this topic are very suggestive. He says—"If we were to pursue this subject it would lead us to some curious speculations as to our estimate of time, and the difference between the real and the apparent duration of life. . . . The apparent duration of time is longer or shorter in proportion as a greater or smaller number of different states of mind follow each other in succession." (4)

From the foregoing observations we may, I think, arrive at the conclusion that neither of the two theories—one or other of which are most generally adopted with regard to dreams—*i.e.*, that which teaches that dreams depend on the association of ideas, on the one hand, and that which supposes their origin in bodily sensations on the other—afford any satisfactory explanation of the phenomena of dreaming, though, as has been already shown, both these causes, either alone or combined together, frequently do influence the state of the mind in sleep. But to assert that a dream is occasioned by some physical sensation, or by the association of ideas, affords, I think, little insight into the real nature of a mental condition in which the images set before us, and the impressions produced upon the mind

(1) Dr. R. R. Madden, "Phantasms, or Illusions and Fanaticisms of Protean Forms Productive of Great Evils," vol. i., p. 92. London. 1937.

(2) Rev. Dr. Wills, "On Dreams," Transactions Royal Irish Academy. 1859. Part 2nd.

(3) Dr. Abercrombie, "Inquiries Concerning the Intellectual Powers," p. 234. London. 1853.

(4) Sir Benjamin Brodie, "Psychological Inquiries," part 1st, p. 149. London. 1862.





are as vivid, and apparently as actual, as those transmitted through the waking senses, and far more distinct than those which can be called up by any voluntary exercise of the memory. Nor do these theories in any wise explain or even throw the least light upon the singular exaltation of the mental powers, or at any rate of certain faculties of the mind, such as the imagination or the memory, which occasionally occur in the dreaming state.

Too many well-authenticated facts are recorded concerning this mysterious condition of the mind to permit us to doubt that manifestations of a nature which cannot be explained by any reference to physical laws have taken place during sleep. To all these cases I would apply the words of Bossuet, when speaking on the same subject—"Il y a," he says, "*des choses tres admirables qui échappent a notre vue et qui n'ont ni moins vrais, ni moins desirables, quoiqu'on ne les puisse ni comprendre ni imaginer.*"(1) I have collected a very large amount of facts bearing on this branch of the present inquiry. This, however, would not be a proper place for entering into the consideration of so extensive, though so important and interesting, a topic. But I would gladly recur to it should I be again afforded an opportunity of doing so. The subject, however, which we have now to consider is one of a very different character from the foregoing—namely, the physiology of dreaming.

#### X. THE PROXIMATE CAUSE OF DREAMING.

It is probable that dreaming is intimately connected with the peculiar state of the cerebral circulation during sleep. In proportion to its size no part of the body receives so large a supply of blood as the brain, and none of the other organs of the human frame are provided with such exquisite adaption of structure for the maintenance of a healthy and constant equilibrium between the contents of the veins and arteries as it is. I should apologize to this learned Society for alluding to what must be familiar to every member present, were it not that this reference to the physiology of the cranial circulation is indispensable to the consideration of the physiology of dreaming.

We should therefore bear in mind that, in consequence, probably, of its high vitality and complex organization, the brain requires and receives a constant and very large supply of blood, amounting, as physiologists assert, to no less than one-fifth of the entire quantity of blood in circulation in the body. And certainly in no part of the frame do we find such ample provision for the supply of a due amount of arterial blood, and, more especially, such a provision made for the constant equilibrium between the relative proportions of venous and arterial blood, as within the cranial cavity, provided as it is with four great arterial trunks, numerous veins, sixteen large sinuses and a most remarkable system of anastomosis, not confined as in other parts to the capillary branches, but occurring, as in the circle of Willis, directly between the large arteries. Moreover, the cerebral vessels are peculiarly fitted for the maintenance of the balance of the circulation between their veins and arteries by the middle or contractile muscular coat of the cerebral veins being developed in a way which does not exist in other parts of the venous system.

(1) "*Chefs d'Œuvre de Bossuet*," p. 449. Paris edition. 1829.



The majority of recent physiologists appear to agree with Mr. Durham, in the conclusions he arrived at from his elaborate experiments on this subject, namely, that—"During sleep the brain is in a comparatively bloodless condition; and the blood in the encephalic vessels is not in only diminished quantity, but moves with diminished

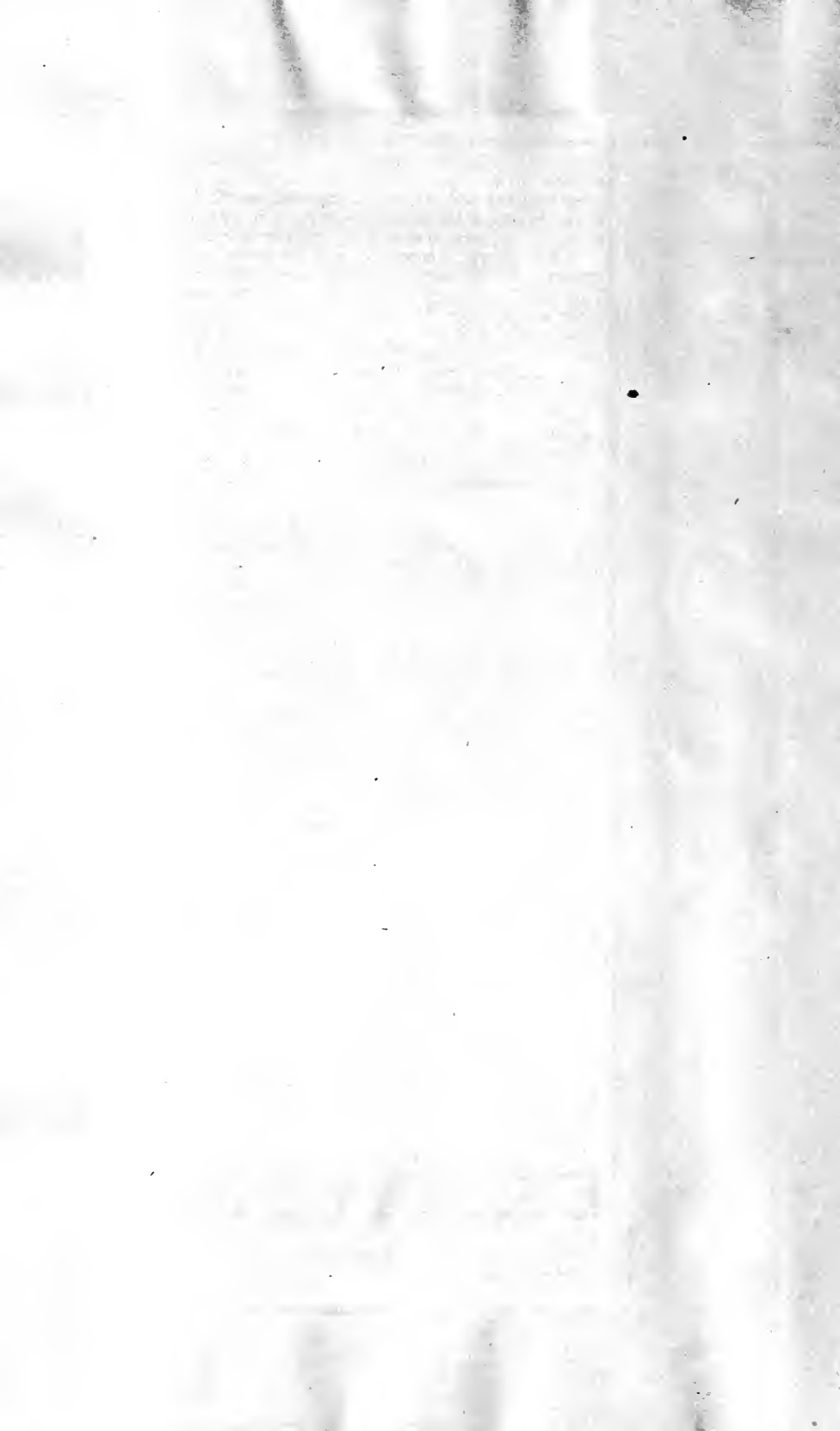
rapidity".(1) The following case, observed at Montpellier, very strongly confirms this opinion:—A woman having lost part of the skull, from disease, the corresponding portion of the brain and its membranes remained exposed. "When she was in a deep or sound sleep, the brain lay in the skull almost motionless; when she was dreaming, it became elevated; and when her dreams (which she related on waking) were vivid or interesting, the brain was protruded through the cranial aperture."(2) It must be borne in mind that in this case, and in those in which a portion of the cranium has been removed purposely, as was done in Mr. Durham's most interesting experiments, the brain and its membranes were in an abnormal state, and therefore such observations must be regarded as more or less unsatisfactory and liable to error. Indeed, so far are we yet from an accurate knowledge of the true vascular condition of the brain during sleep, that in a work published within the last few years by a very distinguished member of the Institute of France, we find it asserted that "during sleep the brain is in a state of passive congestion."(3)

Opposite as these opinions may appear, it will, I think, be found that dreaming is best explained by adopting both these conjectures in part. If we combine these theories thus, we may suppose that dreams are caused by a partial relaxation of the tonic contractility of the cerebral veins, which limits the amount of blood that passes through these vessels, and that thus the different parts of the encephalon may be in very different conditions at the same time. For instance, the blood may be moving with much greater force and rapidity through the capillaries of the base of the brain, than in those of the superior portions of the hemispheres. Or, in other words, that something like active congestion, confined to a small portion of the brain, occurs. And if, as it has been conjectured, the localities or parts of the cerebrum are subservient to the several functions of the mind, (a point on which I offer no opinion, however), by this theory we might more easily comprehend the phenomena of a state marked by the activity of certain of the mental powers, whilst the rest are for the time suspended. But, without any reference to phrenological views, I think that the state of the cerebral circulation during sleep seems to be immediately connected with dreaming, and probably there is then some alteration in the vascular condition of the superficial gray structure of the brain during sleep modifying the character of the nervous force evolved by it. What the nature of this supposed change in the action of the brain during sleep consists in, is a matter which we must necessarily remain utterly ignorant of. For, in truth, nothing is

(1) Mr. Durham "On the Physiology of Sleep—Guy's Hospital Reports. London, 1860. P. 24.

(2) Caldwell in "Psychological Journal," vol. v. p. 74.

(3) Mons. L. F. Maury, "Le Sommeil Et Les Reves. Paris, 1862.



known of the nature of the cerebral action by which nervous force is evolved at any time or under any circumstances ; and modern physiologists have done little more than re-echo the often repeated and as often contradicted assertion, that all the operations of the mind are accompanied by a molecular change in the cortical or vesicular substance of the brain.

If this theory be correct, it does not lessen the interest attaching to this most remarkable condition of the mind. The physical change in the vesicular structure of the brain, which I have described as probably connected with dreaming, if it does really occur at all, as I have supposed (for where proof is impossible a reasonable conjecture is all that can be offered in its place) is merely an accompaniment, and cannot be regarded as the cause of dreaming. For this vesicular change could only take place in consequence of some primary existing cause, which we may suppose to be the action of the mental principle.

#### XI. THE PATHOLOGICAL INDICATIONS FURNISHED BY DREAMS.

Having now discussed the physiology of dreaming, we may next proceed to consider its pathological and medical aspects. In the earliest annals of every country we find that the interpretation of dreams was a part of the office of the physician. In the treatise "On Dreams," commonly ascribed to Hippocrates ; in the last volume of "Saxon Leechdoms," published in 1866 by direction of the Master of the Rolls ; and in an ancient Irish Medical MS., a translation of which, by Mr. O. Longan, may be found in the MS. collection of the Royal Irish Academy, we find sufficient proof, without referring to other authorities, of the same importance being attached to those signs of disease which were supposed to be furnished by dreams, in countries and ages very remote from each other.

Opinions that are very wide-spread and generally adopted are seldom devoid of some foundation in truth ; and although the subject I am treating of has now passed completely out of the hands of medical writers, who regard it as something puerile and unworthy of scientific investigation, I shall endeavour to show that this view of the matter is not altogether just, and that something may occasionally be learned by attending to the peculiar character of our patient's dreams in certain cases.

The phenomena accompanying any deviation from the normal quantity of blood in the encephalon, and the functional disturbance of the brain resulting therefrom, as evinced under all circumstances that occasion either an augmented or diminished supply of arterial blood, naturally lead us to anticipate that similar circumstances will act still more potently in sleep, when the intellectual operations are more directly under the influence of physical and internal causes.

The early physicians were evidently aware of this ; thus, the "Father of Physic," or at least some cotemporaneous Greek physician, laid down the theory that—"Such dreams as represent at night a man's actions during the day, and exhibit them in the manner in which they occurred, namely, as performed well and justly deliberated, these are good to a man, and prognosticate health, inasmuch as the soul perseveres in its diurnal cogitations, and is not weighed down by any repletion, evacuation, or any other external



accident. But when the dreams are very opposite to the actions of the day, and when there is a conflict between them—when this happens, I say, it indicates a disorder in the body; when the contrast is great, the evil is great, and when the one is small, the other is small also.”(1) An English philosopher of the seventeenth century, Thomas Hobbs, propounds the following theory on this subject:—“And seeing dreams are occasioned by the distemper of some of the inward parts of the body, divers distempers must needs cause different dreams.”(2)

A renowned physician and philosopher of the same century, Guy Patin, says:—

“Il est constant que l'on peut connaître par les songes quelque dispositions corporelle. Je suis la-dessus du sentiment de Sainte Thomas, quand il dit.—“Medici dicunt esse intendendum somnis ad interiores dispositiones.” En effect, les malades songent d'ordinaire autrement que ceux que se portant bien; les melancholiques autrement que les sanguins, les bilieux autrement que les pituiteux, mais je m'en tiens la, sans tirer d'autres conjectures sur les choses libres et de pur hazard, jusqua ce que je croye qu'il yait du surnaturel dans ce qu'on a songe; alors je rappelle dans ma memoire l'histoire de Joseph, de Daniel, &c., pour m'y soumettre comme a' des moyens dont l'Eternel se sert, pour faire connaître aux hommes ses volontez.”(3) I regret exceedingly that my space obliges me to omit Sir Thomas Brown's observations on this topic in his most eloquent work, the “*Letter to a Friend on the death of an intimate Friend.*”

Albers, as cited by Baron von Feuchtersleben, enumerates the following as among the most approved signs to be obtained from the medical interpretation of dreams. He says:—“Lively dreams are, in general, a sign of the excitement of nervous action. Soft dreams a sign of slight irritation of the brain; often, in nervous fevers, announcing the approach of a favourable crisis. Frightful dreams are a sign of determination of blood to the head. Dreams

about fire are, in women, signs of an impending hæmorrhage. Dreams about blood and red objects are signs of inflammatory conditions. Dreams about rain and water are often signs of diseased mucous membranes and dropsy. Dreams of distorted forms are frequently a sign of abdominal obstructions and disorders of the liver. Dreams in which the patient sees any part of the body especially suffering, indicate disease in that part. Dreams about death often proceed apoplexy, which is connected with determination of blood to the head. The nightmare (incubus, ephialtes), with great sensitiveness, is a sign of determination of blood to the chest.” “To these,” says Baron Feuchtersleben, “we may add that dreams of dogs, after the bite of a mad dog, often precede the appearance of hydrophobia, but may be only the consequences of excited imagination.”(1)

(1) Dr. Adam's translation of Hippocrates, Sydenham Society Edition. London, 1849, Vol. 1. p. 83.

(2) Thomas Hobbs (of Malmesbury), *Leviathan*, part 1st, chap. ii. p. 7.

(3) *L'esprit de Guy Patin*, p. 132. Amsterdam, 1710.

(1) “The Principles of Medical Psychology.” Translated by Dr. Babinington and Mr. Lloyd, p. 198.





Dr. Forbes Winslow quotes several cases in which dreams are said to have been prognostic :—"Arnauld de Villeneuve dreamt one night that a black cat bit him on the side. The next day an anthrax appeared on the part bitten. A patient of Galen's dreamt that one of his limbs was changed into stone. Some days after this leg was paralysed. Roger D'Oxteyn, Knight of the Company of Douglas, went to sleep in good health ; towards the middle of the night he saw in his dream a man infected with the plague, quite naked, who attacked him with fury, threw him on the ground after a desperate struggle, and, holding him between his open thighs, vomited the plague into his mouth. Three days after he was seized with the plague, and died. Hippocrates remarks that dreams in which one sees black spectres are a bad omen,"(2)

So far we have traced the literature of this subject, from the earliest time down to the latest work of authority on psychological medicine, and it only remains now to add a few practical observations on the signs of disease—especially of mental disease—furnished by dreams occasionally.

Fearful dreams, if frequently repeated, may eventually influence the permanent state of the mind, and considering the close resemblance between the phenomena of dreaming and insanity, which Sir H. Holland defines as—"a waking and active dream,(3) we may expect that the former condition, if prolonged, might pass into the latter state. Insanity occasionally does commence in a dream that continues after the cessation of sleep, and cases are recorded in which persons recovering from mental alienation were nightly disturbed in their dreams by the same hallucinations which had previously haunted them in the waking state(4)

Esquirol regarded dreams as capable of furnishing valuable indications in some obscure cases of insanity in which the subject of the mental disorder was carefully concealed during the day, but was revealed in sleep by watching the patient's dreams. M. Brierre de Boismont also records several cases in which the patient's dreams lead to a discovery of the nature of the mental disease from which they suffered."(5)

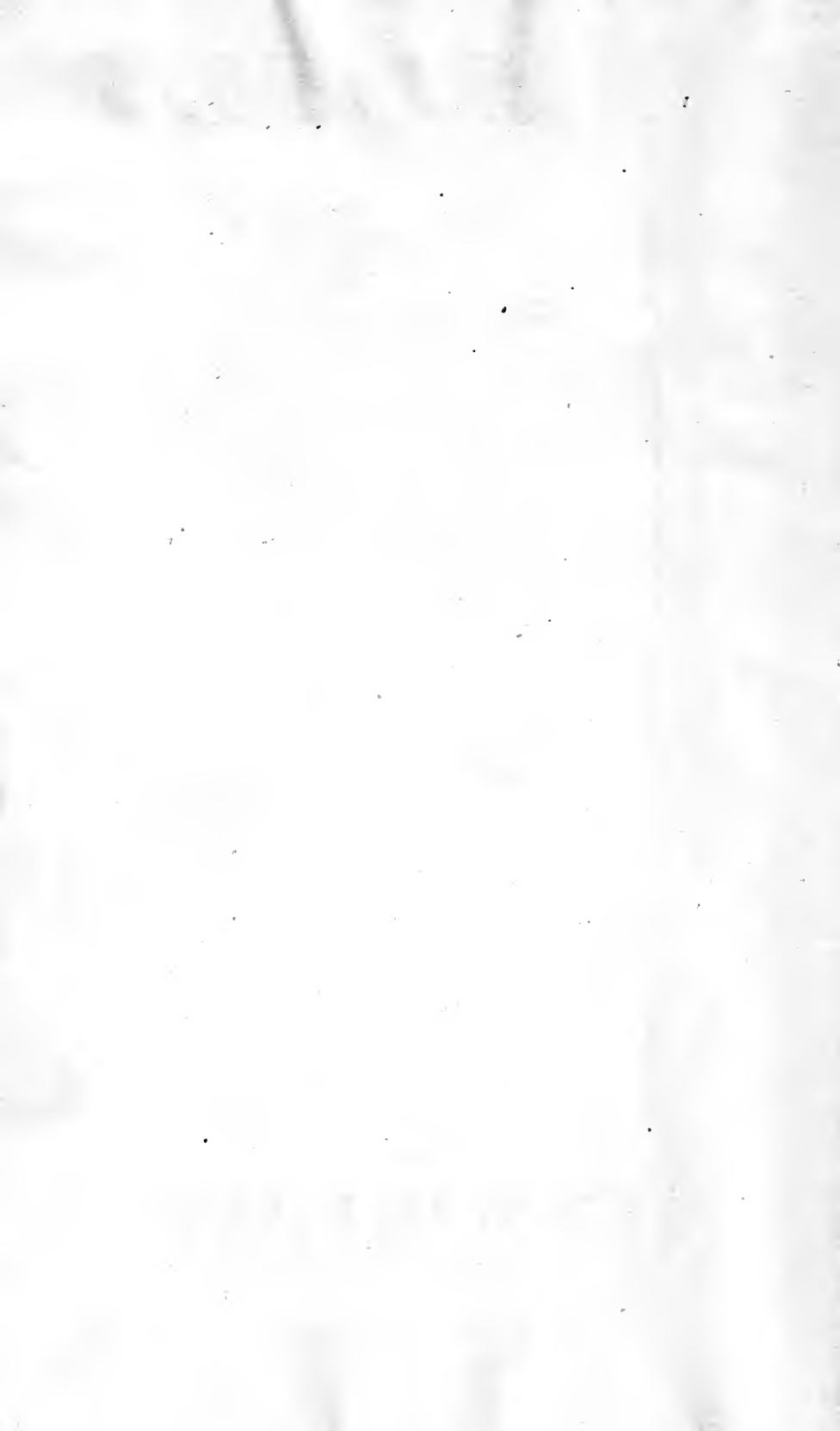
The derangement of the cerebro-spinal functions accompanying fever is, in all cases, greatest towards night, at which time, even in mild cases, some degree of delirium or wandering is commonly observed. Now, if this take place while the patient is still awake, and subject to the influence of external impressions, how much more readily will such derangement be produced when the mind is no longer under the correction of the senses. The disturbed dreams of fever-patients are probably caused by the general vascular excitement, by some local irregularity of the cerebral circulation, and, perhaps, more directly, by the action of the fever-poison in the blood on the vesicular structure of the brain. And to the imperfect elimination of this poison from the blood, we may also attribute the painful and disagreeable dreams which often continue for some time to disturb the repose of persons convalescing after severe attacks of fever.

(2) Quoted by Dr. Forbes Winslow in "Obscure Diseases of the Brain, &c., p. 589.

(3) Sir. Henry Holland. Chapters on Mental Physiology, p. 110.

(4) See Dr. Brierre De Boismont.—*Des Hallucinations*, p. 233. Paris, 1845

(5) "*Des Hallucinations*." Paris, 1845. P. 232, 233.



XI. THE PATHOLOGICAL INDICATIONS FURNISHED BY  
DREAMS (*continued*).

SEVERE fevers are also very frequently preceded for days by "*Paroniria*," or morbid dreaming, which is probably produced by the direct action of the fever-poison on the highly sentient brain-structure before it occasions its constitutional symptoms. The exanthemata are very commonly presaged by fearful dreams. Rhazes, the Arabian physician of the ninth century, notes, among the signs of approaching small-pox, "terrors in sleep." He regarded this prognostic as of considerable importance, and says, "When, therefore, you see these symptoms, or some of the worst of them (such as the pain of the back, and the *terrors in sleep*, with the continued fever), then you may be assured that the eruption of one or other of these diseases is nigh at hand."<sup>(1)</sup> Intermittent fever is often announced several days before any of the recognised symptoms set in, by persistent dreams of terrifying character. I have experienced this in my own person, and heard it confirmed by other sufferers on the African coast. The following case of morbid dreaming, ushering in yellow fever, I subjoin in the words of the gentleman to whom it occurred, himself a medical man, holding a high official position on the Gold Coast when it occurred:—

"In the early part of 1840, I was an inmate of Cape Coast Castle, and as some repairs were then being made in the Castle, the room assigned to me was that in which the ill-fated L. E. L. (Mrs. Maclean), the wife of the Governor of Cape Coast had been found dead, poisoned by prussic acid, not very long previously. I had known her in London, and had been intimately acquainted with her history, and much interested in it. Her body had been found on the floor, near the door, and in front of a window. After a fatiguing excursion to some of the adjoining British settlements on the coast, having retired to rest, I awoke disturbed by a dream of a very vivid character, in which I imagined that I saw the dead body of the lady who had died in that chamber lying on the floor before me. On awaking, the image of the corpse kept possession of my imagination. The moon was shining brightly into the part of the room where the body had been found, and there it seemed to me, on awaking, it lay pale and lifeless as it appeared to me in my dream.

"After some minutes, I started up, determined to approach the spot where the body seemed to be. I did so, not without terror, and walking over the very spot on which the moon was shining, the fact all at once became evident and obvious that no body was there—that I must have been dreaming of one. I returned to bed, and had not long fallen asleep, when the same vivid dream recurred—the same waking disturbance occurring while awake. As long as I lay gazing on the floor I could not dispossess my mind of that appalling vision, but when I started up and stood erect, it vanished at the first glance.

"Again I returned to bed, dozed, dreamt again of poor L. L. E.'s lamentable end, and of her remains on the same spot; again awaked, and arose with the same strange results.

"There was no more disturbance that night of which, at least, I was conscious, but, when morning came, fever was on me in unmistakeable force, in its worst form, and par-

<sup>(1)</sup> Rhazes "On the Small-pox and Measles." Translated from the Arabian by Dr. Greenhill. P. 34. London, 1848.

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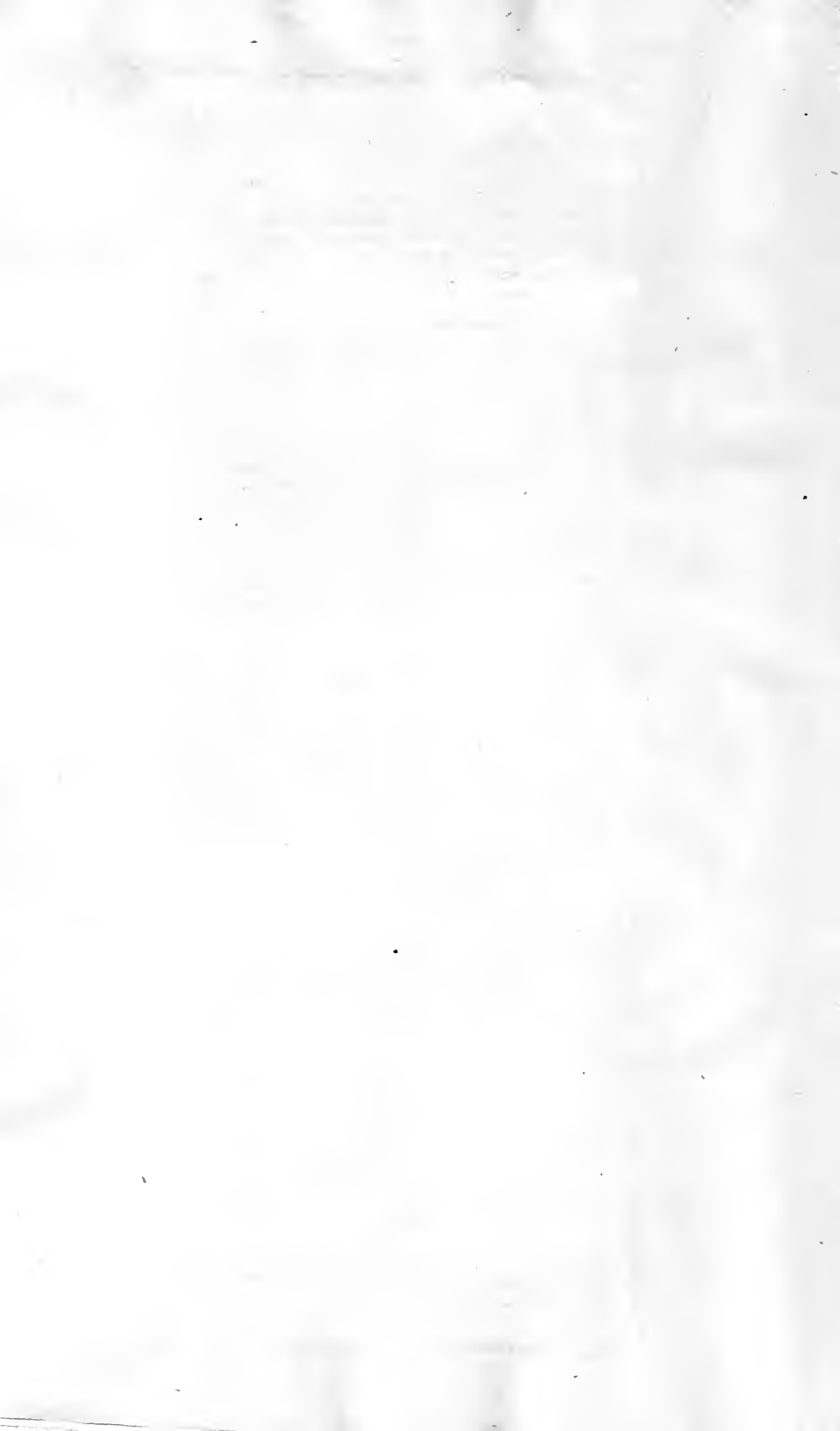
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tial delirium\* set in the same night. I was reduced to the last extremity about the third or fourth night of my illness, when a conviction seized on my mind that it was absolutely essential to my life that I should not pass another night in Cape Coast Castle. I caused the negro servant I had fortunately brought out with me from England, to have a litter prepared for me at dawn, and, stretched on this litter, hardly able to lift hand or foot, I was carried out of my bed by four native soldiers, and was conveyed to the house of a merchant and countryman of mine, to whose care and kindness I owe my life. So much for a visionary precursor of fever on the West Coast of Africa."

In neuralgia, disturbed dreaming is occasionally a prominent symptom. In one obscure case I was led to make what I believe to be a true diagnosis from the indications furnished by the patient's dreams. The individual in question is a man aged about 45, of an anæmic habit, confined by a sedentary occupation, who, for many years, had suffered from hemicrania, which latterly has become more intense and the intervals shorter. A couple of days before the attack, his sleep becomes broken by unpleasant dreams, and when the paroxysm has attained its height, he invariably dreams that he is the helpless victim of a persecutor, who finishes a series of torments by driving a stake through his skull, after which he becomes insensible. During his recovery from each attack, he states that his dreams are of a most agreeable character, though so vague that he cannot give any account of them. The frequent repetition of this dream leads me to conclude that there is some osseous growth within the cranium, and that the vascular distention accompanying the neuralgic attack, occasions pressure upon this, giving rise to the sensation I have referred to, while the subsequent feeling of comfort results from that pressure being removed.

Cardiac disease and hydro-thorax, which occasionally interferes with the functions of the circulatory apparatus, are often attended with disturbed dreaming. "Persons," says Dr. Copeland, "labouring under disease of the substance or valves of the heart, are subject not only to imperfect or disturbed sleep, but also to fearful dreams; and if they fall asleep in an uneasy position, or on the left side, in some cases they generally waken up soon from a fearful dream, as falling down from a precipice, drowning, &c.; their dreams being more pleasant when the position is more comfortable."<sup>(1)</sup> "Paroniria" is also very frequently occasioned by disease or irritation of some remote part or organ of the body; and, in many instances, morbid dreaming may be directly traced to the influence of some article of diet. Thus, for example, I am acquainted with a lady who, if she takes tea in the evening, is not kept awake by it as some persons are, but when she falls asleep, is thrown by it into a state of horrible dreaming, from which she always awakes up suddenly, under the illusion that a number of shadowy figures are sitting crouched up on every chair in her room. She is quite sensible at the time of its being an hallucination, but still cannot banish this idea from her mind. I need not make any remarks on the analogy which this kind of dreaming presents to the symptoms of incipient insanity, although, in reality, very different from that state, as I already have spoken on this point in my comments on another case of this kind which I described.

(1) Dr. Copeland: "Dictionary of Practical Medicine." Art. Sleep; vol. iii., part ii., p. 805. London, 1858.



## XII. THE TREATMENT OF "PARONIRIA," OR MORBID DREAMING.

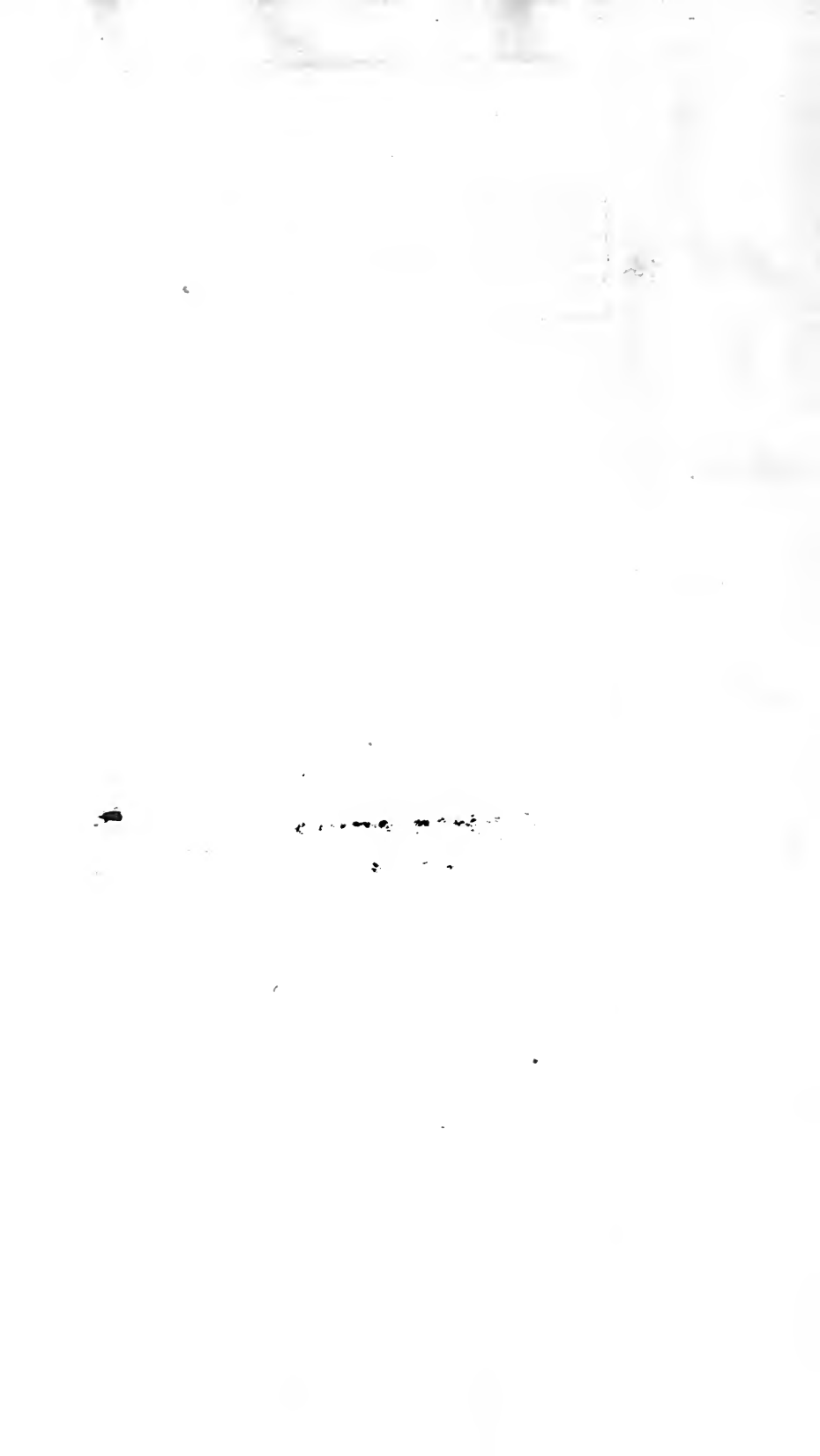
Cases occasionally occur in medical practice in which the patient complains of nothing whatever but morbid dreaming, and its effects, and in which this one complaint, trivial as it might at first appear, is sufficient to destroy either his mental or bodily health, or both.

Some years ago, I had a patient under my care, whose principle complaint was "paroniria," as morbid dreaming has been termed by some writers, and a most formidable disease it was. This individual, who was a person of a highly nervous temperament, had been suffering for some

time from severe dysentery, the result of long residence in a tropical climate, and when he came to me was greatly weakened by this malady. The dysentery gradually subsided under treatment, and then I lost sight of him for several months, at the expiration of which he returned, looking worse than ever. He was miserably thin, and so nervous that the sudden closing of the door alarmed him. His memory was effected to a great degree, and he was afraid to speak to his familiar acquaintance, having lost all recollection of their names. There had been no return of the dysentery; he suffered from no pain, but had lost his appetite, and was extremely weak. Having told me all this in reply to my questions, he added—"I am half ashamed to tell you how much I dread night and bed hour, as I have such horrible dreams that for several successive nights I have not gone to bed at all, but slept a little in a chair." In short, this was a well-marked case of "paroniria," which, I may add, was finally cured by a combination of moral and physical remedies, with the necessary medicines. But I have very little doubt that, had this symptom been neglected much longer, the case would suddenly and speedily have passed from the state of *premonitory* into that of *confirmed* insanity. In these cases the hallucinations, as pointed out by Dr. Forbes Winslow, appear to be most vivid at night. "When the patient is placed in a recumbent position, on account, it is conceived, of the mechanical facilities thus afforded for the blood gravitating freely to the head."(1)

The first indication in the treatment of morbid dreaming is to remove the primary morbid action or condition, of which disturbed dreaming may be merely a symptom. Thus, for instance, if an unduly acid state of the gastric juice be, as it often is, the cause of uneasy dreaming, we may cure this by alkaline remedies. If, again, we can trace—as, indeed, in most cases of "paroniria" we may—the morbid dreaming to the reflex irritation occasioned by the accumulation of excrementitious matter in the intestinal canal, purgatives should be administered, and in nine out of ten cases of this kind they will remove the cause of complaint. But if the blood be loaded with lithic or lactic acid (for we will generally find that our gouty and rheumatic patients complain of uneasy sleep and distressing dreams, the transmission of these "blood-poisons" through the brain, oftentimes giving rise to nervous irritation and excitement, which is most marked during sleep in the patient's dreams) it will then be necessary, in the first place, to correct this vitiated state of the blood by mineral

(1) Dr. Forbes Winslow "On Obscure Diseases of the Brain and Disorders of the Mind," p. 583. London. 1861.





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waters and other appropriate remedies. In a word, to cure morbid dreaming, we must endeavour to put our patient in the most favourable circumstances for sound and healthy sleep, by removing, as far as possible, every source of nervous irritation.

In conclusion, it only remains for me to apologise for the length of this communication, the only excuse I can offer for which is its importance in relation to the study of insanity. I shall be well satisfied, without aspiring to the merit of any very original theory on the subject of dreaming, if the concise view I have afforded of the pathological indications which are furnished by certain forms of dreaming may attract more attention to this question than has hitherto been given to it by medical writers on insanity. The only way to study the diseased actions of the insane mind with advantage is to investigate the healthy actions of the sane mind; and no condition of the mind in health presents so strong an analogy to the condition of the mind in disease as dreaming, and therefore I think that an inquiry into this state is well calculated to throw light on the causes, the nature, and even the treatment of insanity.

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*The End.*

**35, Merion Square, South,  
Dublin.**



(*The Medical Magazine, London, Nov. 1897.*)

## ON MORBID SOMNOLENCE AND DEATH-TRANCE.

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It was well observed by Reid that "medical cannot be separated from moral science without essential mutilation". The partial recognition of this truth at different epochs has been demonstrated by the periodic recurrence of evanescent manifestations of wide-spread professional interest in questions such as the present, lying on the borderland between the two sciences above referred to. These topics, however, seldom retain any lasting hold on public attention, and being generally soon displaced by matters of more apparent practical importance, become relegated to the limbo of oblivion, from which in the course of time they may be disinterred, and in new guise brought into prominence before a succeeding generation. Such a recrudescence has been recently evinced with regard to the phenomena of lethargy and trance, and also to the possibility of premature interment in cases of this kind, subjects which appear to me deservedly of still wider and more permanent medical consideration than has yet been accorded to them.

With this view therefore I now venture to review briefly the older literature and points of chief practical interest connected with this topic, which many years ago I discussed in various long-forgotten contributions, of some of which I shall avail myself in the following observations on morbid somnolence, or lethargy, and on hypnotic, or death-trance.

## I.—MORBID SOMNOLENCE, OR LETHARGY.

The etiology of cases of this character, varying as they do in degree from a trivial exaggeration of ordinary profound sleep to that profound and prolonged state of lethargy in the depression of the cerebro-nervous functions, is so intense as to be apparently almost undistinguishable from their complete cessation, is obviously most complex. Probably, as Dr. Dana has pointed out, the majority of such cases are distinctly neurotic in their origin. This I may observe is clearly exemplified in instances of so-called hypnotic sleep. In other instances morbid somnolence may be found traceable to cerebral lesions, or malnutrition, constitutional toxæmia, or general debility. In some cases, however, the phenomena of lethargy are apparently inexplicable on any of these hypotheses. The familiar definition of lethargy as "an exaggerated sleep" can convey no distinct conception of this condition until we are agreed as to the normal duration of sleep. As a matter of fact the amount of rest required by each individual must be determined by age, temperament, and preceding expenditure of cerebro-nervous and physical energy, as well as by many other circumstances. For instance, the infant whose rest is interrupted only by brief intervals of wakefulness for food, sleeps as naturally as the healthy adult who takes his seven hours' rest, or as the old man who is well satisfied if he has obtained three or four hours of light and perhaps broken slumber.

These typical conditions of somnolency at different periods of life may in exceptional cases be reversed without apparent ill results. For instance, I once attended a family in which infantile insomnia for eighteen out of the twenty-four hours was the rule in four or five successive cases, without apparent cause or injury. On the other hand, the ordinary light sleep of the old is sometimes replaced by an increasing torpidity of mind and body until at last "life passes into sleep and sleep into death".

Nor is age the only factor to be taken into account in considering the natural period of rest, for, as I have just said, individual temperament and habit have their share in the problem. Thus I have known an instance where a young officer, otherwise in perfect health, was of so sleepy a disposition that he could not do with less than fourteen hours daily sleep, an indulgence which cost him his commission.

The influence of climate and weather on sleep is unquestionable, the "Sleepy Hollow" of fiction being but a popular explication of the well-grounded belief in the sedative of a condensed atmosphere. In common parlance, sudden increase of atmospheric pressure is described as heavy or drowsy weather, and most people sleep better in low-lying situations, and when at sea, or in its vicinity, than in the rarefied atmosphere of higher districts.

No sleep is healthy from which we cannot be easily aroused; and its duration, as a rule, should correspond in adults with the preceding expenditure of sensorial and volitional nerve force. In several of the cases of lethargy which will be here described, however, there was no history of any previous undue waste of nervous energy. Hence, in such cases we must seek the cause of the prolonged somnolency in arrested development of sensorial power from either cerebral lesion, malnutrition, or toxæmia, rather than in that exhaustion of cerebro-nervous energy which is the proximate cause of natural sleep.

During morbid somnolency the patient's mental condition must be essentially similar to that present during ordinary sleep as between natural rest and lethargy, the chief tangible difference is that of degree or duration. Now, as mental action of some character, whether it be thought and consciousness when awake, or dreaming whilst in sleep, seems inseparable from existence, even in the most profound trance the mind probably continues to operate incessantly, however abnormally or imperfectly, or however unconscious we may subsequently

be of its operations. Thus, for instance, every one who has had occasion to watch often by the bedside of the sleeping has seen and heard the changing phases of dreams expressed in motions and words, of the cause of which the sleeper on awakening has no recollection. I have myself been long subject, from the exigencies of my profession, to frequent interruptions of rest, and can call to mind few occasions in which I was thus suddenly aroused from dreamless sleep.

During sleep, and still more so in lethargy, all impressions from the external world may possibly be shut out entirely from the mind. More frequently, however, these impressions are conveyed to the sensorium in so faint or imperfect a manner as to produce effects different from those they would have occasioned in the waking mind. Moreover, impressions may originate within the cerebrum as well as be conveyed to it from without. The possibility of active intellectual operations during sleep is unquestionable. In one of my earliest essays published in *The Medical Press* many years ago, I cited numerous illustrations to show that although the faculties most commonly exercised in our dreams are memory and imagination unbridled by judgment, nevertheless in some exceptional instances the activity of all the mental powers may continue unsuspended by sleep. Amongst cases of this kind some of the best known are Coleridge's composition of "Kubla Kahn" during sleep, Lord Jeffreys' Sleeping Judgments, and Condorcet's Dreaming Solution of a Mathematical Calculation. Similar instances are recorded in the works of Sir Thomas Brown, Brindley, the engineer, Dr. Gregory and Cabanis. A much earlier case of the same kind is related in the life of St. Caedmon of Whitby, who on first entering monastic life was mortified at being unable to play the harp and sing with the other monks. One night a stranger appeared to him, says the old legend, in his sleep and commanded him to sing a hymn on the Creation. This he at once did, the verse flowing spontaneously and, being remem-

bered on waking, was by him, although untaught, set to music.

The phenomena of nightmare in which the patient is deprived of the co-ordinating power of accomplishing the movements that are willed are sufficient to show that in sleep volition is not necessarily suspended. And on the other hand we need only refer to somnambulism to show that during sleep as profound as lethargy the volitional impulse may be responded to by motional activity. If, therefore, during lethargy the mind be in the same state, which seems probable, as in sleep, then in that protracted torpor—"what dreams may come," and between this state and the restoration of consciousness, what agony may be endured in the effort to regain muscular power—"must give us pause".

I may here make a short reference to some cases of lethargy that have come under my own notice, and of which a fuller account may be read in my former papers on this subject.\* Of these cases the first is one of so-called neurotic or hysterical lethargy. A young lady, Miss R., apparently in health, went to her room after luncheon. A few minutes afterwards she was found in a deep sleep, from which she could not be awakened. When I saw her twenty-four hours later, she was still sleeping, the decubitus being dorsal, respiration scarcely perceptible, pulse extremely small, face pallid, lips motionless, and extremities cold. At this moment so death-like was her aspect that a casual observer might almost have doubted the possibility of the vital spark still lingering in that apparently inanimate frame, on which no external stimulus seemed to produce any sensorial impression, with the exception that the pupils responded to light. Sinapisms were applied over the heart and to the legs, where they were left on until vesication was occasioned, without causing any evidence of pain. Faradisation was also resorted to without

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\* *Vide.*—*Dublin Journal of Medical Science*, 1881, and *Medical Press and Circular*, 27th April, 1887.

effect. In this state, she remained from the evening of the 31st of December until the afternoon of the 3rd of January, when the pulse became completely imperceptible, the surface of the body icy cold, the respiratory movements apparently ceased, and her appearance hardly distinguishable from death. Under the influence of hypodermic injections of sulphuric ether and other remedies, however, her pulse and temperature improved. But she still slept on until the morning of the 9th, when she suddenly awoke, and to the astonishment of those about her, called for her clothes, which had been removed from their ordinary place, and wanted to come down stairs, being without the least consciousness of what had occurred. Her recovery was complete.

The second was a case of lethargy from cerebral malnutrition and toxæmia in the instance of a boy who after an attack of fever fell into a state of complete lethargic coma, in which he lay insensible between life and death for forty-seven days. In this case also the patient ultimately recovered.

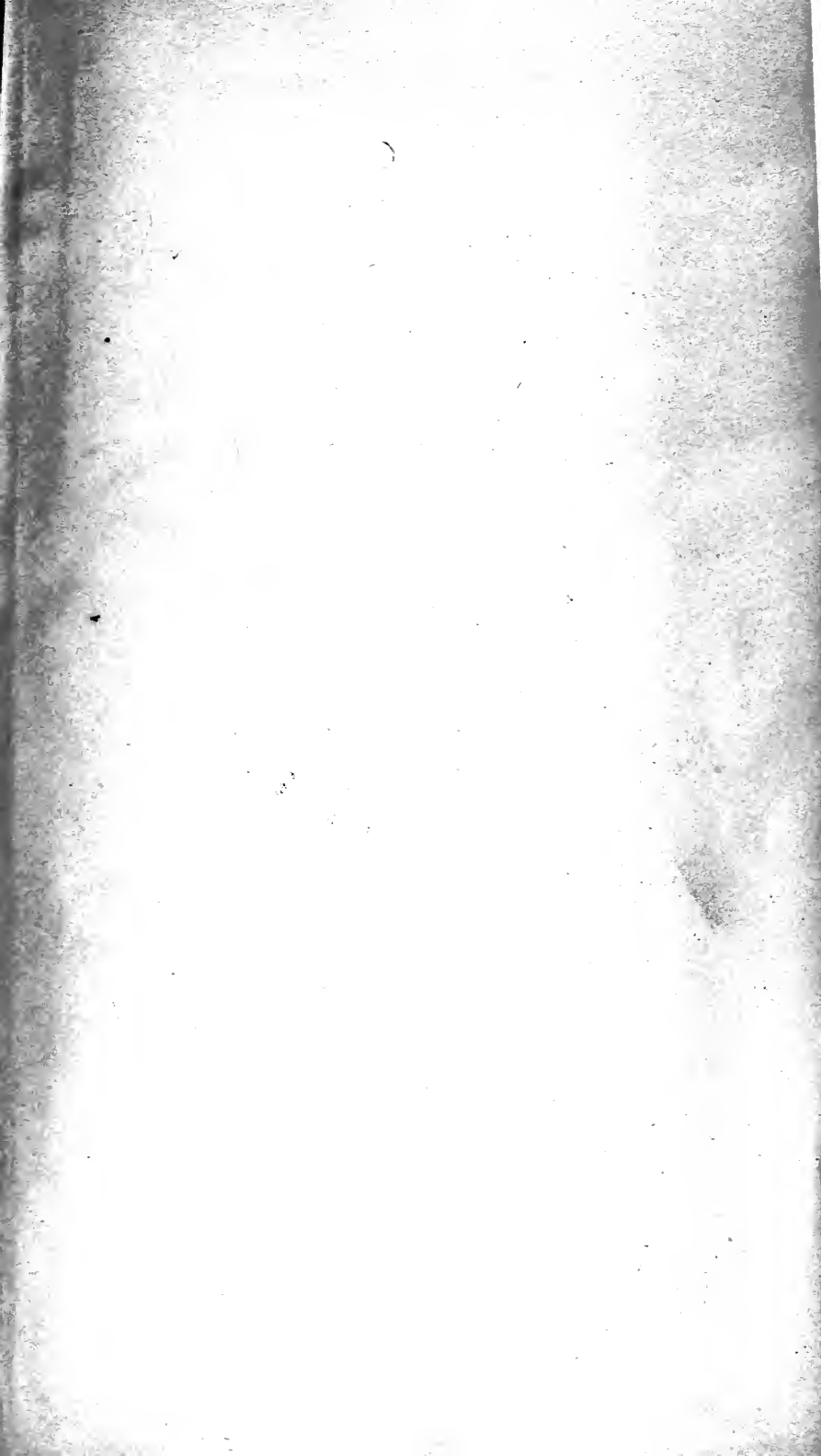
In a third instance, a lady under my care after a lethargic sleep of twenty-seven days, recovered consciousness for a few hours, and then relapsed into her former comatose condition in which she died.

The fourth was, like the first case, one of neurotic lethargy which lasted for seventy hours, and in this instance the patient recovered.

The fifth and last instance of profound lethargy that has come within my observation occurred some years ago in the Mater Misericordiæ Hospital, in the case of a young woman under the care of my colleague Dr. Boyd. In that instance, despite all that medical skill and unremitting attention could do, it was found impossible to arouse the patient from the apparently lethargic sleep in which she ultimately sank and died.

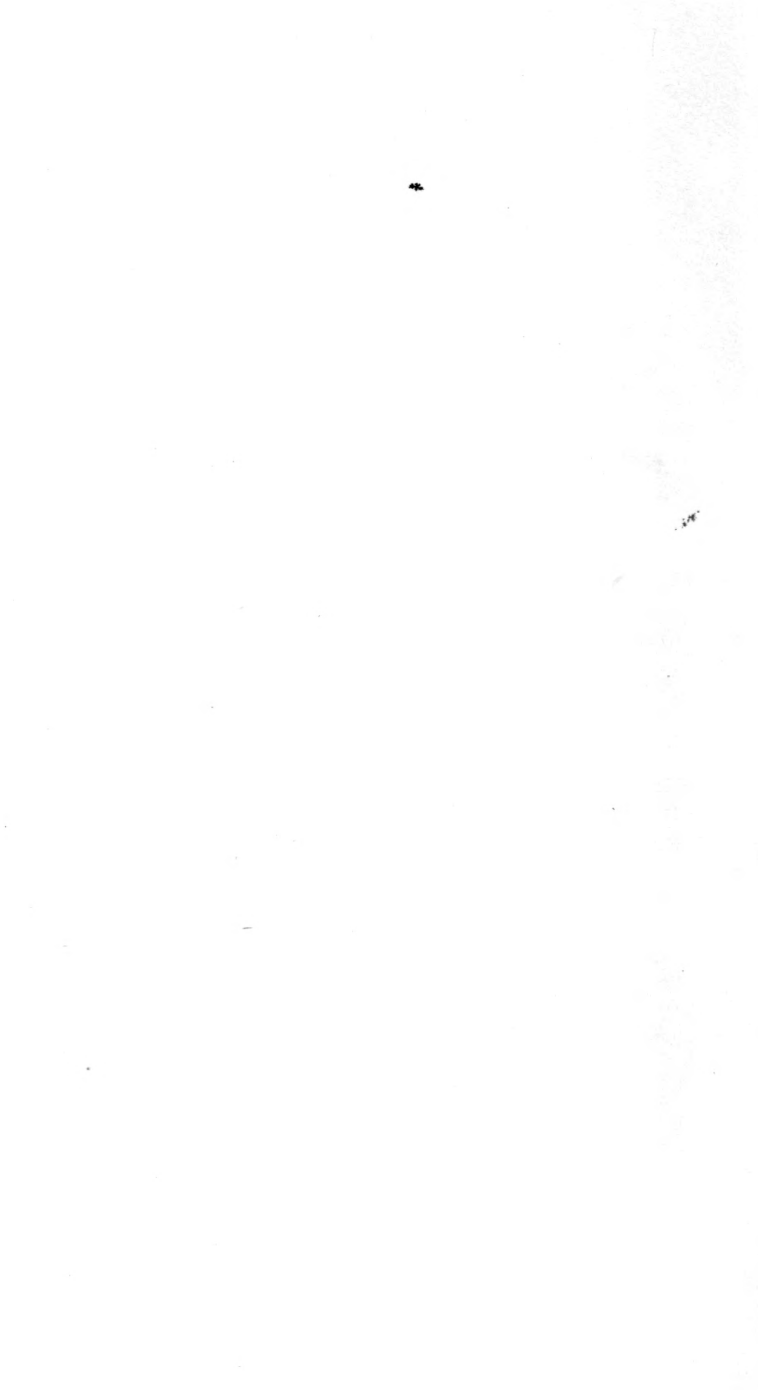
*(To be continued.)*











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THOMAS MORE MADDEN, M.D., F.R.C.S.Ed.;

Obstetric Physician and Gynæcologist, Mater Misericordiæ Hospital, Dublin;  
Consulting Physician, Hospital for Children;

FORMERLY

Examiner in the Queen's University, and on the Conjoint Board of Royal College of Surgeons and Apothecaries' Hall, Ireland; Master, National Lying-in Hospital; Assistant-Physician, Rotunda Hospital; President, Obstetric Section, Royal Academy of Medicine, and British Medical Association; Hon. President, First International Congress of Obstetrics and Gynæcology; Vice-President, British Gynæcological Society, &c., &c.

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[OVER.]

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on the alert for any one of his thousand enemies." We may be harmed in many ways, by robbers, fire, bad air, heat, cold, etc. We dream of some impending danger, till we become aware that we must awaken ourselves. The need, therefore, of a sentry has evolved the dream. The theory seems to us as original as it is reasonable. Dr. Gould says that a pronounced characteristic of all dreams is their lack of logical correspondence with the laws of the real world—a statement which we feel inclined to dispute, not only from our own experience, but that of many other competent observers. We have many times dreamed we were taking part in a debate in conversation, and have carried on the double argument with entire reasonableness. Like most other observers of dream phenomena, Dr. Gould considers that the visual sensations are largely preponderate; he has never dreamed an odour or tasted anything sweet or sour in his sleep. His tactile sensations are

God for my happy dreams, as I do for my good rest. We are somewhat more than ourselves in our sleeps, and the slumber of the body seems to be but the waking of the soul; it is the liberation of sense, but the liberty of reason." We know a great deal more about psychology now than could have been known in the days of Sir Thomas Brown.

common practice to have the meat produced in court, or in the precincts of the court, to enable the magistrate to obtain the evidence of his own special senses. When, however, the allegation, is not that the flesh has been kept too long, but that it is from a diseased animal, or when the meat has been seized many days before its want of freshness is the subject of judicial inquiry, personal inspection by the magistrate is not likely to prove of much help to him, and the way the cause is determined may be almost as chance directs. This is, of course, most unfortunate, and the remedy appears to be in magistrates doing more than they do at present to repress all exaggeration. Only the other day, at Birkenhead, a butcher, who was called as a witness in a "meat case," after giving his opinion on the carcase of a calf, added that it was the worst he had ever seen, and he had seen millions and hun-

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THOMAS MORE MADDEN, M.D.

- A. {
1. Describe the causes, symptoms, and treatment of acute inversion of the uterus.
  2. Enumerate the causes, and describe the treatment of delay in the third stage of labour.
  3. Mention the circumstances calling for the use of the midwifery forceps, and describe the method of its employment.
- B. {
4. State the causes, symptoms, and treatment of sub-involution of the uterus.
  5. Describe the symptoms and treatment of retroversion of the uterus.
  6. What are the symptoms of fibroid tumours of the uterus? With what conditions might it be confounded? How would you diagnose and treat a case of this kind?

common practice to have the meat produced in country, or in

25. Merrion Square, Dublin.  
Dublin.

Med Ref

Correspondence. May 11 1887

"DEATH'S COUNTERFEIT."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR, — From Dr. Curran's letter in this day's *Medical Press* it might possibly be inferred that the cases of lethargy or trance referred to in my recent paper on this subject were taken without acknowledgment from some communications of his published in *Health* last year, and in *Knowledge* in September, 1885. I would therefore beg to point out that most of the cases alluded to may be found very fully detailed in a paper of mine published in the *Dublin Journal of Medical Science* for April, 1881, and, moreover, that until to-day I had neither seen or heard of Dr. Curran's more recent, and I have no doubt, very interesting papers. So much for the question of priority. With regard, however, to the far more important point under consideration, namely, the actual occurrence in well authenticated cases of lethargy or trance so profound as to be confounded with death, I am glad to learn that Dr. Curran's views are apparently in accordance with those I have so long maintained in my papers on the subject.

I am, &c.,

Merrion Square, Dublin,  
May 4th, 1887.

THOS. MORE-MADDEN.

Checkden  
7 March 7.

